UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

In re Absolut Facilities Management, LLC, et al.

Debtor

my knowledge and belief.

Case No. 19-76260 (AST) (Jointly Administered) Federal Tax I.D. #20-8471412

INITIAL MONTHLY OPERATING REPORT

File report and attachments with Court and submit copy to the United States Trustee within 10 days after order for relief

Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation. Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor-in-Possession". Examples of acceptable evidence of debtor-in-possession bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation Attached
12-Month Cash Flow Projection (Form IR-1)	X	
Certificates of Insurance:	X	
Workers Compensation	X	
Property	X	
General Liability	X	
Vehicle	X	
Other:		
Evidence of Debtor in Possession Bank Accounts	X	
Tax Escrow Account		
General Operating Account		
Other:		
Other:		

Signature of Debtor	Date
Signature of Joint Debtor	Date
Signature of Authorized Individual*	10/21/2019 Date
Mike Wyse Printed Name of Authorized Individual	CRO Title of Authorized Individual

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the documents attached are true and correct to the best of

^{*}Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

United States Trustee

Initial Reporting Requirements Documents

Attachment B - Insurance Expiration Statement

Coverage/Property Description	Insurance Type & Property Insured	Agent/Contact	Expiration	Paid Through	Policy Limits
Property	Allegany Aurora Park Gasport Orchard Brooke Orchard Park Three Rivers Westfield	Michael Schwimmer Grandview Brokerage, Inc. 1815 65th St, Brooklyn NY 11204 <u>t 718.333.1155 x 5001</u>	8.9.20	8.9.20	1,000,000
General Liability / Professional	Allegany Aurora Park Gasport Orchard Brooke Orchard Park Three Rivers Westfield	Michael Schwimmer Grandview Brokerage, Inc. 1815 65th St, Brooklyn NY 11204 <u>t 718.333.1155 x 5001</u>	9.8.20	9.8.20	1,000,000/3,000,000
Workers Comp	Allegany Aurora Park Gasport Orchard Brooke Orchard Park Three Rivers Westfield	Michael Schwimmer Grandview Brokerage, Inc. 1815 65th St, Brooklyn NY 11204 <u>† 718.333.1155 x 5001</u>	5.1.20	5,1.20	1,000,000
NYS Disability	Allegany Aurora Park Gasport Orchard Brooke Orchard Park Three Rivers Westfield	Michael Schwimmer Grandview Brokerage, Inc. 1815 65th St, Brooklyn NY 11204 <u>t 718.333.1155 x 5001</u>	12.31.20	12.31.20	
Crime	Allegany Aurora Park Gasport Orchard Brooke Orchard Park Three Rivers Westfield	Hayli Dunn TIS Insurance Services, Inc. 1900 N. Winston Road, Suite 100 Knoxville, TN 37919	3.15.20	3.15 20	500,000
Surety Bond	Allegany Aurora Park Gasport Orchard Brooke Orchard Park Three Rivers Westfield	Hayli Dunn TIS Insurance Services, Inc. 1900 N. Winston Road, Suite 100 Knoxville, TN 37919	2.1.20	2.1.20	25,000 140,000 30,000 45,000 100,000 30,000 30,000
Auto - transport Auto - cars	Allegany Aurora Park Gasport Orchard Brooke Orchard Park Three Rivers Westfield	Michael Schwimmer Grandview Brokerage, Inc. 1815 65th St, Brooklyn NY 11204 t 718.333.1155 x 5001	3.1.20 8.9 20	3.1.20 8.9.20	1,000,000 1,000,000
EPLI	Allegany Aurora Park Gasport Orchard Brocke Orchard Park Three Rivers Westfield	Michael Schwimmer Grandvlew Brokerage, Inc. 1815 65th St, Brooklyn NY 11204 t 718.333.1155 x 5001	8.24.20	8.24.20	1,000,000
Umbrella	Allegany Aurora Park Gasport Orchard Brooke Orchard Park Three Rivers Westfield	Michael Schwimmer Grandview Brokerage, Inc. 1815 65th St, Brooklyn NY 11204 t 718,333.1155 x 5001	9.8.20	9.8.20	5,000,000/5,000,000

Mattucci, Lisa

From:

Mattucci, Lisa

Sent:

Friday, September 20, 2019 6:29 AM

To:

Isaac Kleinman ([kleinman@gvwins.com); Grandview Brokerage (rockoven@gvwins.com)

Cc:

Michael Schwimmer (michael@gvwins.com); Sherman, Israel; Hoffman, Phil

Subject:

Absolut Insurance

Importance:

High

Hi all,

We are required to add to each insurance policy: "United States Trustee" as an additional notified party – not to list as additional loss payee.

I unfortunately need this today please.

Property, GL PL, EPLI, WC, DBL, Auto.

Thank you, Lisa ACORD'

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

NROCKOVE

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURAN UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS IS THE COVERAGE AFFORDED BY THE POLICIES BELOW THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE	EVID /. T	ENC HIS	CE D	OES NOT AFFIRMATI	VELY OR NEGATIVE	LY AMEND, EXTEN	D OR ALTER
PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No, Ext): (718) 333-1155				COMPANY NAME AND AD	DRESS	NAIC NO:	
Grandview Brokerage Corp 1815-65th Street Brooklyn, NY 11204				Great American Ins		(
Contact name:							
(AIC, No): ADDRESS:					LE COMPANIES, COMPLETE	SEPARATE FORM FOR E	ACH
CODE: SUB CODE:				POLICY TYPE			
AGENCY CUSTOMER ID #: ABSOFAC-01				Property			
NAMED INSURED AND ADDRESS Absolut Center for Nursing and Rehabilitation at LLC	Alle	gan	ıy,	LOAN NUMBER		MAC457352310	
Absolut at Allegany 2178 North Fifth Street				EFFECTIVE DATE	EXPIRATION DATE		
Allegany, NY 14706				6/7/2019	8/9/2020	CONTINUED) UNTIL D IF CHECKED
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR E	VIDENCE DATED:		
PROPERTY INFORMATION (ACORD 101 may be attached in Location / Description 2178 NORTH FIFTH STREET, Allegany, NY 14706, Absolut C			•	-	ILDING OR X BUS	INESS PERSONAI	PROPERTY
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COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$	104	,189	9,25	4	_	DED: 5,000	
	YES	NO	N/A				
X BUSINESS INCOME RENTAL VALUE	X			If YES, LIMIT:	15,863,032	Actual Loss Sustained; #	# of months:
BLANKET COVERAGE	Х			If YES, indicate value(s)	eported on property ident	ified above; \$	4,245,434
TERRORISM COVERAGE		Ţ	X	Attach Disclosure Notice	/ DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			Х			-	
IS DOMESTIC TERRORISM EXCLUDED?			Х				
LIMITED FUNGUS COVERAGE			Х	If YES, LIMIT:		DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X				
REPLACEMENT COST	X						
AGREED VALUE	X						
COINSURANCE		X		If YES. %			
EQUIPMENT BREAKDOWN (If Applicable)	X			If YES, LIMIT:	4,075,099	DED:	5,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	Х			If YES, LIMIT:	4,075,099	DED:	5,000
- Demolition Costs	X	_		If YES, LIMIT:	1,000,000	DED:	5,000
- Incr. Cost of Construction	X			If YES, LIMIT:	1,000,000	DED:	5,000
EARTH MOVEMENT (If Applicable)	X			If YES, LIMIT:	1,000,000	DED:	25,000
FLOOD (If Applicable)	X		ļ	If YES, LIMIT:	1,000,000	DED:	25,000
WIND / HAIL INCL X YES NO Subject to Different Provisions:		L.	_	If YES, LIMIT:		DED:	
NAMED STORM INCL X YES NO Subject to Different Provisions:	<u> </u>			If YES, LIMIT:		DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		L.		<u>-</u>			
CANCELLATION							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION	BE NS.	CA	NCI	ELLED BEFORE THE	EXPIRATION DATE	THEREOF, NOTIC	E WILL BE
ADDITIONAL INTEREST			_			<u> </u>	
	S PA	YEE		LENDER SERVICING AGENT	NAME AND ADDRESS		
NAME AND ADDRESS							
Absolut Center for Nursing and Rehabilitation	at						
Allegany, LLC 2178 North Fifth Street Allegany, NY 14706				AUTHORIZED REPRESENTA	TIVE PARALLE	hamare	

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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

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				COMPANY NAME AND ADD		NAIC NO:				
PRODUCER NAME, CONTACT PERSON AND ADDRESS CARDING PROSPERS (718) 333-1155 (718) 3					Great American Insurance Comp					
Contact name:										
FAX E-MAIL (A/C, No): ADDRESS:				IF MULTIPL	E COMPANIES, COMPLET	E SEPARATE FORM F	OR EACH			
CODE: SUB CODE:				POLICY TYPE						
AGENCY CUSTOMER ID #: ABSOFAC-01				Property	<u>_</u>					
NAMED INSURED AND ADDRESS Absolut Center for Nursing and Rehabilitation at LLC	Auro	ora F	arl	LOAN NUMBER		POLICY NUMBER MAC457352310	·			
Absolut at Aurora Park 292 Main Street East Aurora, NY 14052				EFFECTIVE DATE 6/7/2019	EXPIRATION DATE 8/9/2020	CONTIL	NUED UNTIL NATED IF CHECKED			
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EV	IDENCE DATED:	TEI WIII	WILD II ONEONED			
										
PROPERTY INFORMATION (ACORD 101 may be attached if	moi	re sp	oac	e is required) 🛛 🗓 BUI	LDING OR 🛛 BU	SINESS PERSO	NAL PROPERTY			
LOCATION / DESCRIPTION 292 MAIN STREET, East Aurora, NY 14052, Absolut Center a					TOD THE DOLLOW DED	IOD WORKED A	LOTINITI I CTA NIDING			
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■ BUSINESS INCOME	X			If YES, LIMIT:	15,863,032	Actual Loss Sustair				
BLANKET COVERAGE	X			If YES, indicate value(s) r		ntified above: \$	44,157,206			
TERRORISM COVERAGE	X	<u> </u>		Attach Disclosure Notice	DEC					
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			Х							
IS DOMESTIC TERRORISM EXCLUDED?	_	<u> </u>	X							
LIMITED FUNGUS COVERAGE	+		X	<u> </u>		DED:				
FUNGUS EXCLUSION (If "YES", specify organization's form used)	-	ļ.,	Х	_			_			
REPLACEMENT COST	37	X		_		-				
AGREED VALUE	X	-		ICVED N						
COINSURANCE	X	-		If YES, %	43,124,775	DED:	5,000			
EQUIPMENT BREAKDOWN (If Applicable)	Х	X		If YES, LIMIT:	43,124,775	DED:	5,000			
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X	^		If YES, LIMIT:	1,000,000	DED:	5,000			
- Demolition Costs	X	┼-	-	If YES, LIMIT:	1,000,000	DED:	5,000			
- Incr. Cost of Construction	X	-		If YES, LIMIT:	1,000,000	DED:	25,000			
EARTH MOVEMENT (If Applicable)	_^	Х	┝	If YES, LIMIT:	1,000,000	DED:				
FLOOD (If Applicable)		 ^	<u> </u>	If YES, LIMIT:		DED:	· - -			
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Absolut Center for Nursing and Rehabilitation Park, LLC	ı at /	Auro	ла							
292 Main Street East Aurora, NY 14052				AUTHORIZED REPRESENTA	Michael J	lehumne				
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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

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DATE (MM/DD/YYYY)

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	ADDITIONAL INTEREST			_							
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NAME AND ADDRESS	NAME AND ADDRESS		-								
Absolut Center for Nursing and Rehabilitation at Gasport, LLC	Absolut Center for Nursing and Rehabilitation	n at									
Absolut at Gasport; 4540 Lincoln Drive Gasport, NY 14067	Absolut at Gasport; 4540 Lincoln Drive				AUTHORIZED	REPRESENTATI	nehel 1	chumne			

ACORD'

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

NROCKOVE

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURAN UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS E THE COVERAGE AFFORDED BY THE POLICIES BELOW THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIV	EVIDI '. Th	ENC	EVII	OCES NOT AF	FIRMATIVEI ISURANCE I	LY OR NEGATIVE DOES NOT CONST	LY AMEND, EXT	END OR ALTER
PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No, Ext): (718) 333-1155				COMPANY NA	ME AND ADDRE	:55	NAIC NO:	•
CONTACT PERSON AND ADDRESS Grandview Brokerage Corp 1815-65th Street Brooklyn, NY 11204				Great Ame	rican Insura	nce Comp		
Contact name:								
FAX E-MAIL (A/C, No): ADDRESS:	_				IF MULTIPLE (COMPANIES, COMPLETI	E SEPARATE FORM F	OR EACH
CODE: SUB CODE:				POLICY TYPE		·		
AGENCY CUSTOMER ID #: ABSOFAC-01	_			Property				
NAMED INSURED AND ADDRESS Absolut Center for Nursing and Rehabilitation at CLLC	Orch	ard	Par	LOAN NUMBE	iR		POLICY NUMBER MAC457352310	
Absolut at Orchard Brooke, LLC; 6060 Armor Road				EFFECTIVE D		EXPIRATION DATE	CONTIN	IUED UNTIL
Orchard Park, NY 14127					2019	8/9/2020	TERMIN	IATED IF CHECKED
ADDITIONAL NAMED INSURED(S)					ES PRIOR EVIDI			
PROPERTY INFORMATION (ACORD 101 may be attached if	moı	re s	pac	e is required)	X BUILD	ING OR X BUS	SINESS PERSO	NAL PROPERTY
LOCATION / DESCRIPTION 6060 ARMOR ROAD, Orchard Park, NY 14127, Absolut Cent								
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSU ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	OTH POL	IER I ICIE:	DOC S DE	CUMENT WITH I ESCRIBED HER	RESPECT TO	WHICH THIS EVIDEN	NCE OF PROPERTY	Y INSURANCE MAY
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X BUSINESS INCOME RENTAL VALUE	Х		1	If YES, LIMIT		15,863,032	Actual Loss Sustain	ed; # of months:
BLANKET COVERAGE	Х			If YES, indica	te value(s) repo	orted on property iden	tified above: \$	28,585,318
TERRORISM COVERAGE	Х				sure Notice / DI			
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			Х			<u> </u>		
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FUNGUS EXCLUSION (If "YES", specify organization's form used)			Х					
REPLACEMENT COST	Х			-		<u></u> ,		
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COINSURANCE		Х		If YES.	%			
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ORDINANCE OR LAW - Coverage for loss to undamaged portion of bidg	Х		ĺ	If YES, LIMIT	:	20,430,904	DED:	5,000
- Demolition Costs	Х			If YES, LIMIT		1,000,000	DED:	5,000
- Incr. Cost of Construction	Х	-		If YES, LIMIT		1,000,000	DED:	5,000
EARTH MOVEMENT (If Applicable)	Х	ļ		If YES, LIMIT	- - -	1,000,000	DED:	25,000
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PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS								
CANCELLATION	_							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION	BE ONS.	CA	ANC	ELLED BEF	ORE THE E	XPIRATION DATE	E THEREOF, NO	OTICE WILL BE
ADDITIONAL INTEREST								
CONTRACT OF SALE LENDER'S LOSS PAYABLE LOS MORTGAGEE	S PAY	/EE		LENDER SERV	ICING AGENT N	AME AND ADDRESS		
NAME AND ADDRESS								
Absolut Center for Nursing and Rehabilitaion	at O	rch	ard					
Park LLC					-			
Absolut at Orchard Brooke, LLC 6060 Armor Road Orchard Park, NY 14127				AUTHORIZED F	REPRESENTATIV	" Michael L	ehumnec	

ACORD.

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

NROCKOVE

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURAN UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS E THE COVERAGE AFFORDED BY THE POLICIES BELOW THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIV	EVID 7. Ti	ENC	EVI	DOES NOT A	FFIRMAT	IVELY OR NEGATIVE CE DOES NOT CONST	LY AMEND, EXTEN	ID OR ALTER
PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No, Ext): (718) 333-1155				- ,	NAME AND A		NAIC NO:	
Grandview Brokerage Corp 1815-65th Street Brooklyn, NY 11204						surance Comp		
Contact name:								
(A/C, No): E-MAIL ADDRESS:						PLE COMPANIES, COMPLETI	E SEPARATE FORM FOR	EACH
CODE: SUB CODE:				POLICY TY				
AGENCY CUSTOMER ID.#: ABSOFAC-01				Property				
NAMED INSURED AND ADDRESS Absolut Center for Nursing and Rehabilitation at	Thre	e R	live	LOAN NUMI	3ER 		POLICY NUMBER MAC457352310	
LLC 101 Creekside Drive Painted Post, NY 14870				EFFECTIVE	DATE 7/2019	EXPIRATION DATE 8/9/2020	CONTINUE	D UNTIL
ADDITIONAL NAMED INSURED(S)				···		EVIDENCE DATED:		ED IF CHECKED
PROPERTY INFORMATION (ACORD 101 may be attached if	F mo:	re si	pac	e is require	ı) XIBI	JILDING OR X BUS	SINESS PERSONA	L PROPERTY
LOCATION / DESCRIPTION 101 CREEKSIDE DRIVE, Painted Post, NY 14870, Absolut C	ente	er af	t Th	ree Rivers				
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSU ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	POL	IER ICIE	DOC S DE	CUMENT WITH ESCRIBED HE	I RESPECT	TO WHICH THIS EVIDEN	NCE OF PROPERTY II	NSURANCE MAY
COVERAGE INFORMATION PERILS INSURED	BA	SIC		BROAD	X SPE	CIAL_		
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$	104	,189	9,2	54			DED: 5,000	
		МО	N/A	+				
X BUSINESS INCOME RENTAL VALUE	X			If YES, LIMI		<u> </u>	Actual Loss Sustained;	
BLANKET COVERAGE	X	<u> </u>				reported on property iden	tified above: \$	15,721,812
TERRORISM COVERAGE	X	<u> </u>	-	Attach Disc	osure Notice	e / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X	· — ·				
IS DOMESTIC TERRORISM EXCLUDED?		<u> </u>	X	 -			DE0	
LIMITED FUNGUS COVERAGE	-		X		1:		DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)	V		X	 				
REPLACEMENT COST	X	<u> </u>	-	 _				
AGREED VALUE	┼^	X		If YES,	%	<u> </u>		
COINSURANCE	X	 ^		If YES, LIMI			DED:	
EQUIPMENT BREAKDOWN (If Applicable) ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMI		15,283,817	DED:	5,000
- Demolition Costs	X	-		If YES, LIMI		1,000,000	DED:	5,000
- Incr. Cost of Construction	╁	\vdash		If YES, LIMI		1,000,000	DED:	5,000
EARTH MOVEMENT (If Applicable)	$\frac{\hat{x}}{x}$	┼		If YES, LIMI		1,000,000	DED:	25,000
FLOOD (If Applicable)	X	┢	+	If YES, LIMI		1,000,000	DED:	25,000
WIND / HAIL INCL X YES NO Subject to Different Provisions:	†	 	1	If YES, LIMI			DED:	<u> </u>
NAMED STORM INCL X YES NO Subject to Different Provisions:		T	T	If YES, LIMI			DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			ľ	-				
CANCELLATION								
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION			٩NC	ELLED BE	FORE TH	E EXPIRATION DATE	E THEREOF, NOT	CE WILL BE
ADDITIONAL INTEREST				,	-			
CONTRACT OF SALE LENDER'S LOSS PAYABLE LOS	S PA	YEE		LENDER SER	VICING AGE	NT NAME AND ADDRESS		
MORTGAGEE				1				
NAME AND ADDRESS								
Absolut Center for Nursing and Rehabilitation	n at 1	ſhre	e					
Rivers LLC 101 Creekside Drive Painted Post, NY 14870			-	AUTHORIZED	REPRESENT	rative muchael L	ethurree	
				1				

ACORD'

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

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THIS EVIDENCE OF COMMERCIAL PROPERTY INSURAN UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS E THE COVERAGE AFFORDED BY THE POLICIES BELOW THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIV	EVID I. T	ENC	EVI	DOE IDEI	ES NOT AFF	IRMATI\	'ELY OR NEGATIVEL E DOES NOT CONST	Y AMEND, EX	TEND OR ALTER
PRODUCER NAME, PHONE (A/C, No, Ext): (718) 333-1155				- 1	COMPANY NAM	E AND ADI	RESS	NAIC NO	:
CONTACT PERSON AND ADDRESS LARG, NO, EXT. (***) Grandview Brokerage Corp 1815-65th Street Brooklyn, NY 11204				(Great Ameri	can Insu	rance Comp		
Contact name:									
FAX E-MAIL ADDRESS:						IF MULTIPL	E COMPANIES, COMPLETE	SEPARATE FORM	FOR EACH
CODE: SUB CODE:					POLICY TYPE				
AGENCY CUSTOMER ID #: ABSOFAC-01				F	Property				
NAMED INSURED AND ADDRESS				1	LOAN NUMBER			POLICY NUMBER	_
Absolut Center for Nursing And Rehabilitation A	t We	stfie	∍ld,	,			1	MAC457352310	J
26 Cass Street				1	EFFECTIVE DAT		EXPIRATION DATE	CONT	INUED UNTIL
Westfield, NY 14787					6/7/20	-	8/9/2020	TERM	NATED IF CHECKED
ADDITIONAL NAMED INSURED(S)					THIS REPLACES	S PRIOR EV	IDENCE DATED:		
PROPERTY INFORMATION (ACORD 101 may be attached if	f mo	re s	pac	ce is	required)	X BUI	LDING OR X BUS	INESS PERSO	NAL PROPERTY
LOCATION / DESCRIPTION 26 CASS STREET, Westfield, NY 14787, Absolut Center at V									
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSU ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	POL	IER I	DO(S DI	CUM	IENT WITH RE	ESPECT T	O WHICH THIS EVIDEN	CE OF PROPERT	TY INSURANCE MAY
COVERAGE INFORMATION PERILS INSURED	BA	SIC			BROAD	X SPEC	IAL		
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$	104	,189	9,2	54				DED: 5,000	
		NO	N/A	Α					
X BUSINESS INCOME ☐ RENTAL VALUE	X	ļ	Ļ.	If	YES, LIMIT:		1,916,165	Actual Loss Sustai	<u> </u>
BLANKET COVERAGE	Х		L	If	YES, indicate	value(s) r	eported on property ident	ified above: \$	8,769,243
TERRORISM COVERAGE	Х		<u> </u>		ttach Disclosu	re Notice /	DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			Х						
IS DOMESTIC TERRORISM EXCLUDED?	1	_	X	_					
LIMITED FUNGUS COVERAGE	-	_	X		YES, LIMIT:			DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)	1		X	<u>-</u>	-				
REPLACEMENT COST	X	╀	-	+					
AGREED VALUE	X	\ \		-					
COINSURANCE	V	X	-	-1-	YES,	%	400 000 000		
EQUIPMENT BREAKDOWN (If Applicable)	X				YES, LIMIT:		100,000,000 8,331,098	DED:	5,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			-	YES, LIMIT:		1,000,000	DED:	5,000
- Demolition Costs	X	_		_	YES, LIMIT:		1,000,000	DED:	5,000
- Incr. Cost of Construction	X			_	YES, LIMIT: YES, LIMIT:		1,000,000	DED: DED:	25,000
EARTH MOVEMENT (If Applicable)	X			_	YES, LIMIT:		1,000,000	DED:	25,000
FLOOD (If Applicable) WIND / HAIL INCL X YES NO Subject to Different Provisions:	^	┼-	-	_	YES, LIMIT:			DED:	20,000
NAMED STORM INCL X YES NO Subject to Different Provisions:	+-	┼-	╂	-	YES, LIMIT:			DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				†"	(LO, LIWIT.			DED.	
CANCELLATION		J	1						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION			ANC	CEL	LED BEFOR	RE THE	EXPIRATION DATE	THEREOF, N	OTICE WILL BE
ADDITIONAL INTEREST									
	SS PA	YEE		LE	ENDER SERVICI	ING AGENT	NAME AND ADDRESS		
NAME AND ADDRESS				\dashv					
Absolut Center for Nursing And Rehabilitation	n At								
Westfield, LLC 26 Cass Street				AI	UTHORIZED RE	PRESENTA	TIVE		
26 Cass Street Westfield, NY 14787							Michael Ja	home	



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). Grandview Brokerage Corp 1815-65th Street PHONE (A/C, No, Ext): (718) 333-1155 Brooklyn, NY 11204 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Lloyds Of London INSURED INSURER B: INSURER C: **Absolut Facilities Management** 300 Gleed Avenue INSURER D : East Aurora, NY 14052-2983 INSURER E INSURER F **REVISION NUMBER:** COVERAGES **CERTIFICATE NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR INSD WVD TYPE OF INSURANCE POLICY NUMBER 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 X CLAIMS-MADE OCCUR TBD 9/8/2019 9/8/2020 5,000 Retro Date 6/7/07 MED EXP (Any one person) Included PERSONAL & ADV INJURY 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE Included | PEC+ | POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE CLAIMS-MADE **EXCESS LIAB** AGGREGATE DED RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 1,000,000 9/8/2020 9/8/2019 Prof. Liability TBD Limit 3,000,000 9/8/2019 9/8/2020 Retro Date 6/7/07 TBD Aggregate DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached If more space is required)
Coverage is subject to court approval of continuous insurance payments as per payment schedule, including the down payment and installments. Absolut Center for Nursing And Rehabilitation At Westfield, LLC 26 Cass Street Westfield, NY 14787 SEE ATTACHED ACORD 101 CANCELLATION . **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Absolut Facilities Management 300 Gleed Avenue East Aurora, NY 14052 AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: ABSOFAC-01

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LOC#: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED Absolut Facilities Management
Grandview Brokerage Corp		300 Gleed Avenue
POLICY NUMBER		East Aurora, NY 14052-2983
SEE PAGE 1		
CARRIER	NAIC COL	E
SEE PAGE 1	SEE P	EFFECTIVE DATE: QCE DAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Absolut Center for Nursing and Rehabilitation at Three Rivers LLC 101 Creekside Drive Painted Post, NY 14870

Absolut Center for Nursing and Rehabilitaion at Orchard Park LLC Absolut at Orchard Brooke, LLC 6060 Armor Road Orchard Park, NY 14127

Absolut Center for Nursing and Rehabilitation at Gasport, LLC 4540 Lincoln Road Gasport, NY 14067

Absolut Center for Nursing and Rehabilitation at Aurora Park, LLC 292 Main Street East Aurora, NY 14052

Absolut Center for Nursing and Rehabilitation at Allegany, LLC 2178 North Fifth Street Allegany, NY 14706

WESTFIELD TO BE ADDED

PGLICKSMAN

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

5/3/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER, IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT PHONE (A/C, No, Ext): (718) 333-1155 Grandview Brokerage Corp FAX (A/C, No): (917) 534-6087 1815-65th Street Brooklyn, NY 11204 E-MAIL ADDRESS: **INSURER(S) AFFORDING COVERAGE** INSURER A: American Guarantee and Liability Insurance Company 26247 INSURED INSURER B: Absolut Facilities Management, LLC INSURER C: 300 Gleed Ave INSURER D East Aurora, NY 14052-2983 INSURER E: COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL HABILITY EACH OCCURRENCE CLAIMS-MADE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMÓBILE LIABILITY ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS **BODILY INJURY (Per accident)** PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLATIAN OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE WC011627602 5/1/2019 5/1/2020 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Absolut Facilities Management, LLC 300 Gleed Ave East Aurora, NY 14052 AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/3/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Grandview Brokerage Corp PHONE (A/C, No, Ext): (718) 333-1155 FAX (A/C, No): (917) 534-6087 1815-65th Street Brooklyn, NY 11204 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: American Guarantee and Liability Insurance Company 26247 INSURED INSURER B: Absolut Center for Nursing and Rehabilitation at Allegany, INSURER C: LLC INSURER D : 2178 N Fifth St Allegany, NY 14706 **INSURER E:** INSURER F REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) LIMITS POLICY NUMBER TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-Loc PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY EACH OCCURRENCE UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 5/1/2019 5/1/2020 WC011627602 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT 1,000,000 E.L. D<u>ISE</u>ASE - EA EMPLO<u>Y</u>EE 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANGE WITH THE POLICY PROVISIONS. Absolut Center for Nursing and Rehabilitation at Allegany, 2178 N Fifth St AUTHORIZED REPRESENTATIVE Allegany, NY 14706

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DATE (MM/DD/YYYY) 5/3/2019

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED

BELOW. REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT PHONE (A/C, No, Ext): (718) 333-1155 Grandview Brokerage Corp FAX (A/C, No): (917) 534-6087 1815-65th Street Brooklyn, NY 11204 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: American Guarantee and Liability Insurance Company 26247 INSURED INSURER B: Absolut Center for Nursing and Rehabilitation at Aurora Park, INSURER C: LLC INSURER D : 292 Main St East Aurora, NY 14052 INSURER F: COVERAGES **CERTIFICATE NUMBER:** REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR INSD WVD POLICY NUMBER LIMITS TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PROT POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY **UMBRELLA LIAB** OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED **RETENTION \$** WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE 1,000,000 WC011627602 5/1/2019 5/1/2020 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE 1,000,000 If yes, describe under DESCRIPTION OF OPERATI<u>ONS below</u> E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AGORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Absolut Center for Nursing and Rehabilitation at Aurora Park, LLC 292 Main St East Aurora, NY 14052 AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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DATE (MM/DD/YYYY) 5/3/2019

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	o, p , do, mad.				
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the if SUBROGATION IS WAIVED, subject to the terms and conditions of this certificate does not confer rights to the certificate holder in lieu of subject.	f the policy, certain uch endorsement(s	policies may	NAL INSURED pro require an endors	visions or be sement. A st	e endorsed. atement on
PRODUCER	CONTACT NAME;				
Grandvlew Brokerage Corp 1815-65th Street	PHONE (A/C, No. Ext): (718)	333-1155	FA (A	X, No): (917) 5	34-6087
Brooklyn, NY 11204	E-MAIL ADDRESS:				
			RDING COVERAGE		NAIC#
	INSURER A : America	n Guarantee a	and Liability Insura	nce Company	26247
INSURED	INSURER B:				
Absolut Center for Nursing And Rehabilitation at Gasport,	INSURER C:				
LLC 4540 Lincoln Dr	INSURER D :			··	
Gasport, NY 14067	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	<u> </u>		REVISION NUMB		- -
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	ON OF ANY CONTRA RDED BY THE POLIC EBEEN REDUCED BY	CT OR OTHER SES DESCRIB PAID CLAIMS	R DOCUMENT WITH BED HEREIN IS SUB	RESPECT TO	WHICH THIS
INSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
COMMERCIAL GENERAL LIABILITY			EACH OCCURRENCE	\$	
CLAIMS-MADE OCCUR			DAMAGE TO RENTED PREMISES (En occurre	nce) \$	
			MED EXP (Any one per	son) \$	
			PERSONAL & ADV INJ	URY \$	
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGAT	E\$	
POLICY PRO- LOC			PRODUCTS - COMP/O	PAGG S	
OTHER:			COMBINED SINGLE LIF	S S	
AUTOMOBILE LIABILITY			(Ea accident)	S	
ANY AUTO			BODILY INJURY (Per po	erson) \$	_
OWNED AUTOS ONLY SCHEDULED AUTOS			BODILY INJURY (Per ad	ccident) \$	_
HIRED AUTOS ONLY MON-OWNED AUTOS ONLY			PROPERTY DAMAGE (Per accident)	\$	
	-			<u> </u>	
UMBRELLA LIAB OCCUR	ļ		EACH OCCURRENCE	s	
EXCESS LIAB CLAIMS-MADE			AGGREGATE	<u> </u>	
DED RETENTION\$	<u> </u>		PER STATUTE	OTH-	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC011627602	5/1/2019	5/1/2020	STATUTE	ER	1,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	0.11.2010	07112020	E.L. EACH ACCIDENT	<u> </u>	1,000,000
(Mandatory in NH) If yes, describe under			E.L. DISEASE - EA EMP		1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below		-	E.L. DISEASE - POLICY	YLIMII \$	
	ula may be attached 15		rod)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sched	uie, may pe attached ir mo	re space is requi	rea,		
•					
	4				
CERTIFICATE HOLDER	CANCELLATION				
CERTIFICATE HOLDER	CANGLELATION				
Absolut Center for Nursing And Rehabilitation at Gasport, LLC 4540 Lincoln Dr		N DATE TH	ESCRIBED POLICIES HEREOF, NOTICE S CY PROVISIONS.		
Gasport, NY 14067	AUTHORIZED REPRESE				
	maked to	house			

ACORD 25 (2016/03)

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PGLICKSMAN

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

5/3/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: **Grandview Brokerage Corp** PHONE (A/C, No, Ext): (718) 333-1155 FAX (A/C, No): (917) 534-6087 1815-65th Street Brooklyn, NY 11204 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: American Guarantee and Liability Insurance Company 26247 INSURED INSURER B: Absolut at Orchard Brooke, LLC INSURER C: 6060 Armor Duells Rd INSURER D Orchard Park, NY 14127 INSURER E INSURER F REVISION NUMBER: **COVERAGES** CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) POLICY NUMBER LIMITS TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** DED RETENTION \$ STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 WC011627602 5/1/2019 5/1/2020 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Absolut at Orchard Brooke, LLC 6060 Armor Duells Rd Orchard Park, NY 14127 AUTHORIZED REPRESENTATIVE

PGLICKSMAN

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

5/3/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder In lieu of such endorsement(s). PHONE (A/C, No, Ext): (718) 333-1155 FAX (A/C, No):(917) 534-6087 Grandview Brokerage Corp 1815-65th Street E-MAIL ADDRESS: Brooklyn, NY 11204 NAIC # INSURER(S) AFFORDING COVERAGE INSURER A : American Guarantee and Liability Insurance Company 26247 INSURED INSURER B: Absolut Center For Nursing and Rehabilitation at Orchard INSURER C: Park, LLC INSURER D : 6060 Armor Rd Orchard Park, NY 14127 INSURER E : INSURER F: **CERTIFICATE NUMBER: REVISION NUMBER:** COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR POLICY NUMBER LIMITS TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) OCCUR CLAIMS-MADE MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE s] PRO: POLICY PRODUCTS - COMP/OP AGG S OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) s PROPERTY DAMAGE (Per_accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION \$ DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE 1,000,000 WC011627602 5/1/2019 5/1/2020 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Absolut Center For Nursing and Rehabilitation at Orchard Park, LLC 6060 Armor Rd AUTHORIZED REPRESENTATIVE Orchard Park, NY 14127



PGLICKSMAN

5/3/2019

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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ABSOFAC-01

PGLICKSMAN

DATE (MM/DD/YYYY) 5/3/2019

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INTERPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OF	R NEGATIVELY AMEND, E DOES NOT CONSTITU	. EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED I	BY THE	POLICIES
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights t	ct ta	the	terms and conditions of	the po	licy, certain ı	policies may	NAL INSURED provision require an endorsemen	s or be t, A sta	endorsed. tement on
PRODUCER Grandview Brokerage Corp 1815-65th Street Brooklyn, NY 11204					ст _{o, Ext):} (718) <u>3</u> ss:		FAX (A/C, No): (917) 5:	34-6087
							RDING COVERAGE		NAIC#
						i Guarantee a	and Liability Insurance Co	mpany	46247
INSURED Absolut Center for Nursing	and l	Rehal	bilitation at Westfield,	INSURE			<u>.</u>	_	<u> </u>
LLC				INSURE		_			
26 Cass St Westfield, NY 14787				INSURE					
				INSURE	RF:		<u></u> .		
			NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQU PFR	IREMI TAIN	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	INY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CIIUV	VHICH THIS
INSR LTR TYPE OF INSURANCE	ADDI	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
				;			PERSONAL & ADV INJURY	\$ \$	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-							PRODUCTS - COMP/OP AGG	<u>s</u>	
							FRODUCTO-GOMETOL VICE	s	
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	
ANY AUTO							BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
A WORKERS COMPENSATION	├						PER OTH- STATUTE ER	.	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WC011627602		5/1/2019	5/1/2020	E.L. EACH ACCIDENT	\$	1,000,000
OFFICER/MEMBER EXCLUDED? (Mandalory In NH)	N/A						E.L. DISEASE - EA EMPLOYEE		1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	0 101, Additional Remarks Schedu	ıle, may b	e attached If mor	e space is requi	red)		
CERTIFICATE HOLDER				CANO	CELLATION				
Absolut Center for Nursing	and l	Reha	bilitation at Westfield,	1 THE	EXPIRATIO	V DATE TH	ESCRIBED POLICIES BE C. IEREOF, NOTICE WILL I CY PROVISIONS.	ANCELL BE DEL	ED BEFORE IVERED IN
26 Cass St Westfield, NY 14787					RIZED REPRESE				
					Michael Inhumore				

STATE OF NEW YORK WORKERS' COMPENSATION BOARD

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

CERTIFICATE/CANCELLATION OF INSURANCE



Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

✓ Initial	☐ Cancellation	Reins	tatement	□Sup	ersedes	Transact	ion Effective Date: 10/1/2016		
A. INSU	RER								
1. INSURER N		rance Comp	any		2, INSU	IRER CODE	3. INSURER PHONE #		
800 Flaza T	wo, 8th Floor, Jersey Cit	y, NJ 07311-110	14		В904	698	(800) 535-2711		
4. CONTACT	NAME				5. TITLE		6. DATE		
Lydia D	e La Rosa-Pena			_	Associa	ıte VP	6/13/2019		
B. CURR	ENT EMPLOYER IN	FORMATIC	N						
7. WCB EMPL	OYER NUMBER		8. NYS UIER N	UMBER	<u> </u>	1	EMPLOYER FEIN		
			_	_		2	208467875		
10. EMPLOYE	ER'S LEGAL NAME, INCLUD	ING (DBA/AKA/	ΓA)				13. LEGAL STATUS (SEE BACK OF FORM)		
Absolut	Center For Nursi	ng and Reh	abilitatio	on at Al	legany LLC		10 - LLC		
11. EMPLOYE	R STREET ADDRESS						14. NUMBER (#) OF EMPLOYEES		
2178 N.	Fifth Street						49		
40 EMBLOVE	D CITY STATE and ZID COL	<u> </u>					15. EMPLOYER PHONE #		
Allegan	R CITY, STATE and ZIP COI ✓) <u>C</u>		NY	14706		IS. LIM GOTERY FISHER		
		on Accoria	tion Union o	r Truetoo	for which Eo	rm DB-820 3 i	s filed, do not complete item 18.		
16. POLICY N		s all Associa	17. POLICY EF	•			B, POLICY FORM NUMBER *		
l	9714-013		10/1/2016			Α	M990118NY		
19. WCB PLA	N NUMBER (Only for Associa	ition, Union or Tr	ustee with Form I	DB-801 on file	2.)		20. PREMIUM AMOUNT		
							\$1811.17		
D. REAS	ONE HORIGIANGEL	LATION							
□ Non-	Payment of Premium		Other:						
	Subject/No Eligible Emp				••				
1	of Business		ə:		DATE CAN	CELLATION OF	र		
Seas		Date			TERMINAT	ION SENT TO E	MPLOYER:		
_						ANGUNES (15X 117)			
				tom se	27. POLICYHOLI		विधिन्न विकासिन स्थानिक विभिन्न विकासिन विकासिन विकासिन विकासिन विकासिन विकासिन विकासिन विकासिन विकासिन विकासि		
21. EMPLOYE 	R'S LEGAL NAME, INCLUD	ING (DBA/AKA/	I A)		27. POLICT HOLI	DEKNAME			
							222		
22. EMPLOYE	R'S STREET ADDRESS			-	28. POLICYHOLDER ADDRESS				
23. CITY, STA	TE and ZIP CODE				29. CITY, STATE	and ZIP CODE			
					-				
24. EMPLOYE	R FEIN	25. POLICY EF	FECTIVE DATE		30. POLICYHOLI	DER FEIN			
26. POLICY N	UMBER								
		na kalifornia ki gana ki seshi				a company of the same	the second of the second secon		
	ार्गीक्/७००वहः नेतृर्धिः		ees as ionov		Maria San	New York	Hereing along of allong of ampleyages		
	policy provides covera	=					llowing class or classes of employees:		
_	Both disability and paid	tamily leave	benefits		☑ All em	-	sses of employees listed here:		
	Disability benefits only					ne class or clas	sses of employees listed here.		
<mark>∤ </mark>	Paid family leave benef	its only							
1	employee contribution								
	The same in all respect	s as under So	ection 204 an	d not in ex	cess of those	authorized und	ler Section 209.		
_	As described in attache								
							n and accepted by the Chair.		
					d on behalf of	the Associatio	n, Union or Trustees (policyholders) on		
	or amer	nded Form DI	B-820.3 filed t	hereafter.					

LEGAL STATUS - INSURED LEGAL STATUS

1	INDIVIDUAL	10	LIMITED LIABILITY COMPANY (LLC)
2	PARTNERSHIP	11	TRUST OR ESTATE
3	CORPORATION	12	EXECUTOR OR TRUSTEE
4	ASSOCIATION, LABOR UNION, RELIGIOUS ORGANIZATION		
5	LIMITED PARTNER	13	LIMITED LIABILITY PARTNERSHIP (LLP)
6	JOINT VENTURE	99	OTHER

STATE OF NEW YORK WORKERS' COMPENSATION BOARD

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

CERTIFICATE/CANCELLATION OF INSURANCE



Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

🗸 Initial	☐ Cancellation	Reinstatem	ent 🔲 S	upersedes	Transact	ion Effective Date: 10/1/2016
A. INSUR	ER					
1. INSURER NA		ance Company	-	2. INSUR	ER CODE	3. INSURER PHONE #
800 Plaza Twe	o, 8th Floor, Jersey City	, NJ 07311-1104		В9046	98	(800) 535-2711
4. CONTACT N	AME			5. TITLE		6. DATE
Lydia De	La Rosa-Pena			Associat	e VP	6/13/2019
B. CURRE	NT EMPLOYER IN	ORMATION				
7. WCB EMPLO			UIER NUMBER		9.	EMPLOYER FEIN
					2	208468266
10. EMPLOYER	'S LEGAL NAME, INCLUDIN	IG (DBA/AKA/TA)			•	13. LEGAL STATUS (SEE BACK OF FORM)
Absolut	Center for Nursin	g & Rehabilita	tion at Au	rora Park LLC		10 - LLC
11. EMPLOYER	STREET ADDRESS					14. NUMBER (#) OF EMPLOYEES
292 Main	St.					48
	. <u> </u>	_				
East Aur	CITY, STATE and ZIP COD	E	NY	14052		15. EMPLOYER PHONE #
					DD 000 0 1	
						s filed, do not complete item 18.
16. POLICY NU WDL10269			LICY EFFECTIVE /2016	DATE		8. POLICY FORM NUMBER * NH990118NY
	NUMBER (Only for Associati			file \		20. PREMIUM AMOUNT
19. WOD FLAN	NUMBER (Only for Associate	on, onion of Trustee with	TT OHN DD-001 OH	me.,		\$1891.60
D. REAS	MS FOR CAMPIE	ANTIQUE PROJECT				
☐ Non-P	ayment of Premium	☐ Other:				
☐ Not St	ubject/No Eligible Empl	oyees Date:				
·	Business				ELLATION OF	
— □ Seaso		Date:		TERMINATIO	ON SENT TO E	MPLOYER:
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and the second second	(का। डा ग्यम् स्थान ग्रह्हा		ത്രാവരുന്ന			ិថ្យីអ៊ីមាសាក់ម៉ឺសាកា គឺជាគ្រួស្រវគ៌ក
21. EMPLOYER	'S LEGAL NAMÉ, INCLUDIN	IG (DBA/AKA/TA)		27. POLICYHOLDE	KNAWE	
22. EMPLOYER	'S STREET ADDRESS			28. POLICYHOLDE	R ADDRESS	
23. CITY, STAT	E and ZIP CODE			29. CITY, STATE a	nd ZIP CODE	
24. EMPLOYER	FEIN	25. POLICY EFFECTIVE	DATE	30. POLICYHOLDE	RFEIN	
26. POLICY NU	MBER					
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<u></u>	olicy provides coverage	والمستنفع فنسأ فما سينين بنيسه فاسيم	Mary Mary Mary State Company	h The policy of	covers the fo	llowing class or classes of employees:
	oth disability and paid f			☑ All empl		moving class of stasses of striple jess.
	isability benefits only	anny leave benefits	•		•	sses of employees listed here:
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_	aid family leave benefit	-				
	employee contributio	-				
	he same in all respects			excess of those at	ithorized und	ler Section 209.
_	s described in attached					
☐ As	s described in Employe	r's Application for A	cceptance of	a Plan, Form DB-8	300, filed with	and accepted by the Chair.
□ A:	s described in Certificat	e of Insurance, For	m DB-820.3, f	iled on behalf of th	e Associatio	n, Union or Trustees (policyholders) on
	or amend	ded Form DB-820.3	filed thereafte	:Г.		

LEGAL STATUS - INSURED LEGAL STATUS

1	INDIVIDUAL	10	LIMITED LIABILITY COMPANY (LLC)
2	PARTNERSHIP	11	TRUST OR ESTATE
3	CORPORATION	12	EXECUTOR OR TRUSTEE
4	ASSOCIATION, LABOR UNION, RELIGIOUS ORGANIZATION		
5	LIMITED PARTNER	13	LIMITED LIABILITY PARTNERSHIP (LLP)
6	JOINT VENTURE	99	OTHER

STATE OF NEW YORK WORKERS' COMPENSATION BOARD

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

CERTIFICATE/CANCELLATION OF INSURANCE



Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

☑ Initial ☐ Cancellation	Reins	tatement	Supe	rsedes	Transacti	ion Effective Date: 10/1/2016
A. INSURER						
1. INSURER NAME Wesco Insu	rance Comp	any		2. INSU	RER CODE	3. INSURER PHONE #
800 Plaza Two, 8th Floor, Jersey Cit	y, NJ 07311-110	4		B904	698	(800) 535-2711
4. CONTACT NAME				5. TITLE		6. DATE
Lydia De La Rosa-Pena				Associa	te VP	6/13/2019
B. CURRENT EMPLOYER IN	FORMATIC	N				
7. WCB EMPLOYER NUMBER	8. NYS UIER N	IUMBER		9.	EMPLOYER FEIN	
					2	08468080
10. EMPLOYER'S LEGAL NAME, INCLUD	ING (DBA/AKA/1	(A)		•		13. LEGAL STATUS (SEE BACK OF FORM)
Absolut Center For Nursi	ng and Reh	abilitatio	on at Gas	port LLC		10 - LLC
11. EMPLOYER STREET ADDRESS					<u></u>	14. NUMBER (#) OF EMPLOYEES
4540 Lincoln Drive						90
12. EMPLOYER CITY, STATE and ZIP COI	DE			_		15. EMPLOYER PHONE #
Gasport			NΥ	14067		
C. POLICY * If policyholder is	s an Associa	tion, Union o	or Trustee f	or which Fo	rm DB-820.3 is	s filed, do not complete item 18.
16. POLICY NUMBER		17. POLICY EF				. POLICY FORM NUMBER *
WDL10269714-002		10/1/2016	6		A	H990118NY
19, WCB PLAN NUMBER (Only for Associa	ition, Union or Tri	ustee with Form I	DB-801 on file.)			20. PREMIUM AMOUNT
The state of the s		مار ده در بره در کار شور برد و در ا	· · · · · · · · · · · · · · · · · · ·	·		\$3383.43
D. HEASONS FOR CANCEL				<u> </u>		
☐ Non-Payment of Premium		Other:				<u> </u>
☐ Not Subject/No Eligible Emp	oloyees Date	e:				
Out of Business	Date				CELLATION OR	
Seasonal	Date	ə:		IERMINAI	ION SENT TO E	MIPLOTER.
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21. EMPLOYER'S LEGAL NAME, INCLUD				7. POLICYHOLI		College of the Colleg
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22. EMPLOYER'S STREET ADDRESS			2	8. POLICYHOLI	DER ADDRESS	
23. CITY, STATE and ZIP CODE		- -	2	9. CITY, STATE	and ZIP CODE	
24. EMPLOYER FEIN	25. POLICY EF	FECTIVE DATE	3	0. POLICYHOLE	DER FEIN	
oo poulov suluipen						
26. POLICY NUMBER						
Co. A The pullay covers ample	rente en maliar	രാജ് ഭരിതിന	AC-St			
a. The policy provides coverage	بالأرب بعددات بعددات	stricter to lot	1966) Santa Paramanan	h. The policy	covers the fol	lowing class or classes of employees:
• • •		honofita		All emp		iowing diabotor diaboto or employees.
☑ Both disability and paid	ramily leave	benents				sses of employees listed here:
Disability benefits only	91 I				ie class or clas	oca of criployous noted here.
☐ Paid family leave benef						
2. The employee contribution						
	s as under Se	ection 204 an	d not in exc	ess of those a	authorized und	er Section 209.
☐ As described in attache						
☐ As described in Employ	er's Applicati	on for Accept	tance of a P	lan, Form DB	-800, filed with	and accepted by the Chair.
☐ As described in Certific	ate of Insuran	ce, Form DB	-820.3, filed	on behalf of	the Association	n, Union or Trustees (policyholders) on
	nded Form D					

LEGAL STATUS - INSURED LEGAL STATUS

1	INDIVIDUAL	10	LIMITED LIABILITY COMPANY (LLC)
2	PARTNERSHIP	11	TRUST OR ESTATE
3	CORPORATION	12	EXECUTOR OR TRUSTEE
4	ASSOCIATION, LABOR UNION, RELIGIOUS ORGANIZATION		
5	LIMITED PARTNER	13	LIMITED LIABILITY PARTNERSHIP (LLP)
6	JOINT VENTURE	99	OTHER

STATE OF NEW YORK WORKERS' COMPENSATION BOARD

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

CERTIFICATE/CANCELLATION OF INSURANCE



Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

☑ Initial ☐ Cancellation	Reins	tatement	☐ Supersedes	Transactio	on Effective Date: 10/1/2016
A. INSURER					
1. INSURER NAME Wesco Insu	rance Comp	any	2. INSU	JRER CODE	3. INSURER PHONE #
800 Plaza Two, 8th Floor, Jersey Cit	_	-	В904	698	(800) 535-2711
4. CONTACT NAME			5. TITLE		6. DATE
Lydia De La Rosa-Pena			Associa	ate VP	6/13/2019
B. CURRENT EMPLOYER IN	JEORMATIC	N			
7, WCB EMPLOYER NUMBER		8. NYS UIER N	IUMBER	9. E	MPLOYER FEIN
				20	8471641
10. EMPLOYER'S LEGAL NAME, INCLUD	ING (DBA/AKA/	<u>Г</u> А)	· -		13. LEGAL STATUS (SEE BACK OF FORM)
Absolut at Orchard Brook		·			10 - LLC
					14. NUMBER (#) OF EMPLOYEES
11. EMPLOYER STREET ADDRESS					
6060 Armor Road					18
12. EMPLOYER CITY, STATE and ZIP CO	DE				15. EMPLOYER PHONE #
Orchard Park			NY 14127		
C. POLICY * If policyholder i	s an Associa	tion, Union o	or Trustee for which Fo	rm DB-820.3 is	filed, do not complete item 18.
16. POLICY NUMBER			FECTIVE DATE		POLICY FORM NUMBER *
WDL10269714-003		10/1/2010	6	AH	1990118NY
19. WCB PLAN NUMBER (Only for Associa	ation, Union or Tre	ustee with Form I	DB-801 on file.)		20. PREMIUM AMOUNT
					\$678.35
EDINORIGINEMEN (LATION				
☐ Non-Payment of Premium	По	Other:	· · · · · · · · · · · · · · · · · · ·		
☐ Not Subject/No Eligible Em		e:			
Out of Business	Date		DATE CAN	ICELLATION OR	
			TERMINAT	TION SENT TO EM	IPLOYER:
Seasonal	Date	e:			
E Conductiones	ombelizer'	ked attopo	from F. Police	Majoring 15 th	iliferentrizamiEmployer
21. EMPLOYER'S LEGAL NAME, INCLUD	ING (DBA/AKA/	ГА)	27. POLICYHOL	DER NAME	
GO EMPLOYEDIS STREET ADDRESS			28, POLICYHOL	DER ADDRESS	·
22. EMPLOYER'S STREET ADDRESS			20.1 021011102	DEIT ADDITION	
23. CITY, STATE and ZIP CODE			29. CITY, STATE	and ZIP CODE	
					<u> </u>
24. EMPLOYER FEIN	25. POLICY EF	FECTIVE DATE	30, POLICYHOL	DER FEIN	
	<u> </u>				
26. POLICY NUMBER					
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a. The policy provides covera	-		•	=	owing class or classes of employees:
☑ Both disability and paid	family leave	benefits	☑ All em		
☐ Disability benefits only			∐ Only t	he class or class	ses of employees listed here:
☐ Paid family leave bene	fits only				
2. The employee contributi	ons required	and benefits	s insured are:		
☑ The same in all respec	_			authorized unde	r Section 209.
As described in attache					
				R-ROO filed with	and accepted by the Chair.
	ate of Insuran Inded Form Di			ule Association,	, Union or Trustees (policyholders) on

LEGAL STATUS - INSURED LEGAL STATUS

1	INDIVIDUAL	10	LIMITED LIABILITY COMPANY (LLC)
2	PARTNERSHIP	11	TRUST OR ESTATE
3	CORPORATION	12	EXECUTOR OR TRUSTEE
4	ASSOCIATION, LABOR UNION, RELIGIOUS ORGANIZATION		
5	LIMITED PARTNER	13	LIMITED LIABILITY PARTNERSHIP (LLP)
6	JOINT VENTURE	99	OTHER

STATE OF NEW YORK WORKERS' COMPENSATION BOARD

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

CERTIFICATE/CANCELLATION OF INSURANCE



Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

🔽 Initial	Cancellation	☐ Reinst	atement	Super	sedes	Transa	ction Effe	ective Date: 10/1/2016
A. INSUR	RER							
1. INSURER N		rance Compa	iny		2. INSU	RER CODE		3. INSURER PHONE #
800 Plaza Tv	vo, 8th Floor, Jersey Cit	у, МЈ 07311-1104	l		B904	698		(800) 535-2711
4. CONTACT N	IAME				5. TITLE	·		6. DATE
Lydia De	e La Rosa-Pena				Associa	ite VP		6/13/2019
B. CURR	ENT EMPLOYER IN	IFORMATIO	N					
7. WCB EMPL	OYER NUMBER		8. NYS UIER N	IUMBER		<u> </u>	9. EMPLOYE	RFEIN
							20846830	00
10. EMPLOYE	R'S LEGAL NAME, INCLUD	ING (DBA/AKA/T	A)				13. LE	GAL STATUS (SEE BACK OF FORM)
Absolut	Center For Nursi	ng and Reha	abilitati	on at Orch	ard Park	LLC		10 - LLC
11. EMPLOYEI	R STREET ADDRESS						14. NU	JMBER (#) OF EMPLOYEES
6060 Arm								221
	R CITY, STATE and ZIP CO	DE		3777	3.4107		15. EM	IPLOYER PHONE #
0rchard				NY	14127			-
	<u> </u>	s an Associat				rm DB-820.		o not complete item 18.
16. POLICY NU	•			FECTIVE DATE			18. POLICY F	FORM NUMBER *
WDL10269	NUMBER (Only for Associa	dia a Maian as Tan	10/1/2010				1	REMIUM AMOUNT
19. WCB PLAN	NUMBER (Only for Associa	ation, Union or 1 ru	stee with Forth i	DB-801 Off file.)			1	15.59
	ove ⊧ok¢¢v(g∃)	TATION S	BENEFIT OF SERVICE		CANCEL IN		1 '	
						<u> </u>		
	Payment of Premium	□∘	ther:					
☐ Not S	ubject/No Eligible Emp	ployees Date	<u> </u>					
☐ Out o	f Business	Date				CELLATION		р.
Sease	onal	Date	, ' <u>, </u>		ICKIVIINAI	ION SENT IN	O EMPLOYEI	
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22. EMPLOYE	R'S STREET ADDRESS		-	28	. POLICYHOLI	DER ADDRESS	3	
23. CITY, STAT	TE and ZIP CODE			29	. CITY, STATE	and ZIP CODE	<u></u>	
201 011 1, 0 1, 11					,			
24. EMPLOYE	R FEIN	25. POLICY EF	ECTIVE DATE	30	POLICYHOLI	DER FEIN		·
26. POLICY NU	JMBER							•
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a. The	policy provides covera	ge for:			. The policy	covers the	following cla	ass or classes of employees:
☑B	oth disability and paid	family leave b	enefits		🗹 All em	oloyees		
	Disability benefits only				☐ Only th	ne class or c	lasses of er	mployees listed here:
I⊟F	Paid family leave benef	îts only						
7 The	employee contribution	one required :	and henefits	insured are		<u> </u>		
I						authorized r	ınder Sectio	in 200
_	he same in all respect				33 UI (IIU3C (adinonized t	madi deullu	200.
_	s described in attache				Car DD	٠٠ احماده	uith and ac-	anted by the Chair
_	s described in Employ							
□^					on behalf of	the Associa	tion, Union o	or Trustees (policyholders) on
	or amer	nded Form DB	-820.3 filed 1	ınereatter.				

LEGAL STATUS - INSURED LEGAL STATUS

1	INDIVIDUAL	10	LIMITED LIABILITY COMPANY (LLC)
2	PARTNERSHIP	11	TRUST OR ESTATE
3	CORPORATION	12	EXECUTOR OR TRUSTEE
4	ASSOCIATION, LABOR UNION, RELIGIOUS ORGANIZATION		
5	LIMITED PARTNER	13	LIMITED LIABILITY PARTNERSHIP (LLP)
6	JOINT VENTURE	99	OTHER `

STATE OF NEW YORK WORKERS' COMPENSATION BOARD

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

CERTIFICATE/CANCELLATION OF INSURANCE



Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

☑ Initial ☐ Cancellation	Reins	tatement	Sup	ersedes	Transac	ction Effective Date: 10/1/2016
A. INSURER						
1. INSURER NAME Wesco Insu	rance Comp	any		2, INSU	RER CODE	3. INSURER PHONE #
600 Plaza Two, 6th Floor, Jersey Cit	у, МЈ 07311-116	04		B904	698	(800) 535-2711
4. CONTACT NAME				5. TITLE	<u> </u>	6. DATE
Lydia De La Rosa-Pena				Associa	te VP	6/13/2019
B. CURRENT EMPLOYER IN	IFORMATIC	ON				
7. WCB EMPLOYER NUMBER		8. NYS UIER N	IUMBER			9. EMPLOYER FEIN
		<u> </u>				208468133
10. EMPLOYER'S LEGAL NAME, INCLUD	ING (DBA/AKA/	TA)				13. LEGAL STATUS (SEE BACK OF FORM)
Absolut Center For Nursi	ng and Reh	nabilitatio	on at Thi	ree Rivers	LLC	10 - LLC
11. EMPLOYER STREET ADDRESS						14. NUMBER (#) OF EMPLOYEES
101 Creekside Drive						120
12. EMPLOYER CITY, STATE and ZIP CO				·	<u> </u>	15. EMPLOYER PHONE #
Painted Post	PE		NY	14870		15. EMPLOTER PRONE #
	Ai-	diam II.			DD 000 0	is filed the net semiplete item 40
16. POLICY "If policyholder is	s an Associa	17. POLICY EF				is filed, do not complete item 18. 18. POLICY FORM NUMBER *
WDL10269714-008		10/1/2010			l.	AH990118NY
19. WCB PLAN NUMBER (Only for Associa	ation, Union or Tr	1)		20. PREMIUM AMOUNT
` ´	·			,		\$4555.69
D. HOMENSHORICANICAL	LATION	N. 18 16				
Non-Payment of Premium		Other:		<u> </u>	<u>د معاد کی بنده سالت می</u>	
☐ Not Subject/No Eligible Em		e:				
Out of Business	Date			DATE CAN	CELLATION C	DR .
Seasonal						EMPLOYER:
		e:				
E. Computed fisherestable		<u> </u>	ींक्रांच	g role	MHORDER	ffdfferen from Angleyer
21. EMPLOYER'S LEGAL NAME, INCLUD	ING (DBA/AKA/1	ſA)		27. POLICYHOLD	DER NAME	
			1			
22, EMPLOYER'S STREET ADDRESS	_			28. POLICYHOLE	DER ADDRESS	
-				 	170	<u> </u>
23. CITY, STATE and ZIP CODE			ľ	29. CITY, STATE	and ZIP CODE	
24. EMPLOYER FEIN	25 POLICY FE	FECTIVE DATE		30. POLICYHOLD	ER FEIN	
24. LINI LOTEIX LIN	ZULI OLIOI LI	. LOINE DAIL		OC. TO CHO THOLE	LICIEIN	
26, POLICY NUMBER						···
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a. The policy provides coverage				b. The policy	covers the fo	ollowing class or classes of employees:
Both disability and paid	family leave	benefits		☑ All emp	oloyees	
Disability benefits only	•			Only th	e class or cla	asses of employees listed here:
☐ Paid family leave benef	its only					
2. The employee contribution		and basefite	ingurad a	ro:		
• •	-				uthorised	der Section 200
☐ The same in all respect				ess of those a	authorizea un	uer declion zua,
As described in attache				. F 55	000 51 1 1	the and annual add to the China
						th and accepted by the Chair.
				on behalf of t	the Association	on, Union or Trustees (policyholders) on
or amer	nded Form DE	3-820,3 filed t	thereafter.			

LEGAL STATUS - INSURED LEGAL STATUS

1	INDIVIDUAL	10	LIMITED LIABILITY COMPANY (LLC)
2	PARTNERSHIP	1 1	TRUST OR ESTATE
3	CORPORATION	12	EXECUTOR OR TRUSTEE
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5	LIMITED PARTNER	13	LIMITED LIABILITY PARTNERSHIP (LLP)
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STATE OF NEW YORK WORKERS' COMPENSATION BOARD

DISABILITY AND PAID FAMILY LEAVE BENEFIT'S LAW

CERTIFICATE/CANCELLATION OF INSURANCE



Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

☑ Initial ☐ Cance	ellation 🔲 Re	einstatement	Supersedes	Transact	tion Effective Date: 10/1/2016	
A. INSURER						
1. INSURER NAME Wes	co Insurance C	ompany	2. 1	NSURER CODE	3. INSURER PHONE #	
800 Plaza Two, 8th Floor,	Jersey City, NJ 0731	1-1104	B9	04698	(800) 535-2711	
4. CONTACT NAME			5. TITLE		6. DATE	
Lydia De La Rosa-	Pena	_	Asso	ciate VP	6/13/2019	
B. CURRENT EMPL	OYER INFORMA	TION				
7. WCB EMPLOYER NUMBER		8. NYS UIER N	UMBER	9	. EMPLOYER FEIN	
					208467924	
10. EMPLOYER'S LEGAL NAM	AE, INCLUDING (DBA/A	KA/TA)			13. LEGAL STATUS (SEE BACK OF FORM)	
Absolut Center fo	r Nursing and	Rehabilitatio	on at Westfield	LLC	10 - LLC	
11. EMPLOYER STREET ADD	RESS	 ,	· <u>·</u> ·	-	14. NUMBER (#) OF EMPLOYEES	
26 Cass Street					140	
<u> </u>				<u></u> _		
12. EMPLOYER CITY, STATE	and ZIP CODE			_	15. EMPLOYER PHONE #	
Westfield			NY 1478			
C. POLICY * If polic	yholder is an Asse				is filed, do not complete item 18.	
16. POLICY NUMBER			FECTIVE DATE		8. POLICY FORM NUMBER *	
WDL10269714-009		10/1/2016		1	AH990118NY	
19. WCB PLAN NUMBER (Onl	y for Association, Union	or Trustee with Form I	OB-801 on file.)		20. PREMIUM AMOUNT \$4833.02	
D. IREASONS FOR	ANGELIATION					
☐Non-Payment of F		Other:		and the second s	A CONTRACTOR OF THE PROPERTY O	
· ·						
☐ Not Subject/No Eligible Employees Date: ☐ Out of Business Date:		DATE O	DATE CANCELLATION OR			
		TERMII	TERMINATION SENT TO EMPLOYER:			
☐ Seasonal		Date:				
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21. EMPLOYER'S LEGAL NAM			17	27. POLICYHOLDER NAME		
				101 040 4000000		
22. EMPLOYER'S STREET AD	DRESS		28. POLICYI	HOLDER ADDRESS		
23. CITY, STATE and ZIP COD)E	_	29. CITY, ST	ATE and ZIP CODE	·	
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24, EMPLOYER FEIN	25. POLIC	Y EFFECTIVE DATE	30. POLICY	IOLDER FEIN		
26. POLICY NUMBER	J					
e i i iliapolloyeoya	s Émployars an	iloyeesas follo				
a. The policy provid	es coverage for:	<u> </u>	b. The po	olicy covers the fo	llowing class or classes of employees:	
☑ Both disability and paid family leave benefits ☐ Disability benefils only		☑AII	employees			
		□On	ly the class or cla	sses of employees listed here:		
l '	ave benefits only					
2. The employee o						
_	=		d not in excess of the	se authorized und	der Section 209.	
_	in attached supplei					
					h and accepted by the Chair.	
☐ As described	in Certificate of Ins	urance, Form DB	-820.3, filed on behal	f of the Association	on, Union or Trustees (policyholders) on	
1		m DB-820.3 filed				

LEGAL STATUS - INSURED LEGAL STATUS

1	INDIVIDUAL	10	LIMITED LIABILITY COMPANY (LLC)
2	PARTNERSHIP	11	TRUST OR ESTATE
3	CORPORATION	12	EXECUTOR OR TRUSTEE
4	ASSOCIATION, LABOR UNION, RELIGIOUS ORGANIZATION		
5	LIMITED PARTNER	13	LIMITED LIABILITY PARTNERSHIP (LLP)
6	JOINT VENTURE	99	OTHER

•	WESCO INSURANCE COMPANY	
	Absolut Facilities Management LLC	

STATE OF NEW YORK WORKERS' COMPENSATION BOARD NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

- 1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
- 2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
- 3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits) You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board. IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
 - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
 - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
- 4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
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- 7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
- 8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

WESCO INSURANCE COMPANY 800 Plaza Two, 8th Floor Jersey City, New Jersey 07311-1104 PHONE: (800) 535-2711		
Policy #: MDL10269714-001	Effective From: 10/1/2016	To: 12/31/2020
Class(es) of Employees Covered:		
All Employees		

NYS Workers' Compensation Board Customer Service: (877) 632-4996 www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

WESCO INSURANCE COMPANY			
Absolut	Center For Nursing and Rehabilitation at Allo	egany LLC	

STATE OF NEW YORK WORKERS' COMPENSATION BOARD NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

- 1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
- 2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
- 3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits) You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board. IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
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- 8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

WESCO INSURAN 800 Plaza Two Jersey City, PHONE: (800)	o, 8th Floor New Jersey 07311-1104		
Policy #: WDL10	269714-013	Effective From: 10/1/2016	To: 12/31/2020
✓ Statutory	Under a Plan or Agreement		•
Class(es) of Em	ployees Covered:		
All Employe	es		

NYS Workers' Compensation Board Customer Service: (877) 632-4996 www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

WESCO	TNSURANCE	COMPANY

Absolut Center for Nursing & Rehabilitation at Aurora Park LLC

STATE OF NEW YORK WORKERS' COMPENSATION BOARD NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

- If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits
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- 8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

WESCO INSURANCE COMPANY 800 Plaza Two, 8th Floor Jersey City, New Jersey 07311-1104 PHONE: (800) 535-2711		·
Policy #. WDL10269714-015	Effective From: 10/1/2016	To: 12/31/2020
☑ Statutory ☐ Under a Plan or Agreement		
Class(es) of Employees Covered:		
All Employees		

NYS Workers' Compensation Board Customer Service: (877) 632-4996 www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

WESCO INSURANCE COMPANY		
Absolut Center For Nursing and Rehabilitation a	at Gasport	LLC

New York State Disability Benefits

Disability Benefits For Employees

- 1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
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- 8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

WESCO INSURANCE COMPANY 800 Plaza Two, 8th Floor Jersey City, New Jersey 07311-1104 PHONE: (800) 535-2711		
Policy #: WDL10269714-002	Effective From: 10/1/2016	To: 12/31/2020
✓ Statutory Under a Plan or Agreement		
Class(es) of Employees Covered:		
All Employees		

NYS Workers' Compensation Board Customer Service: (877) 632-4996 www.wcb.ny.gov

 WESCO INSURANCE COMPANY	
 Absolut at Orchard Brooke LLC	

New York State Disability Benefits

Disability Benefits For Employees

- 1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
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- 8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

WESCO INSURAN 800 Plaza Two Jersey City, PHONE: (800)	o, 8th Floor New Jersey 07311-1104		
Policy #: WDL10	269714-003	Effective From: 10/1/2016	To: 12/31/2020
Statutory	Under a Plan or Agreement		
Class(es) of Em	ployees Covered:		
All Employe	es		

NYS Workers' Compensation Board Customer Service: (877) 632-4996 www.wcb.ny.gov

WESCO	INSURANCE COMPANY
Absolut Center For Nursing	and Rehabilitation at Orchard Park LLC

New York State Disability Benefits

Disability Benefits For Employees

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WESCO INSURAN 800 Plaza Two Jersey City, PHONE: (800)	, 8th Floor New Jersey 07311-1104		
Policy#: WDL10	269714-007	Effective From: 10/1/2016	To: 12/31/2020
☑ Statutory	☐ Under a Plan or Agreement		
Class(es) of Em	ployees Covered:		
All Employee	es		

NYS Workers' Compensation Board Customer Service: (877) 632-4996 www.wcb.ny.gov

 WESCO INSURANCE COMPANY	
Absolut Center For Nursing and Rehabilitation at Three Rivers LLC	

STATE OF NEW YORK WORKERS' COMPENSATION BOARD

NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

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WESCO INSURANCE COMPANY 800 Plaza Two, 8th Floor Jersey City, New Jersey 07311-1104 PHONE: (800) 535-2711		
Policy #_WDL10269714-008	Effective From: 10/1/2016	To: 12/31/2020
☑ Statutory ☐ Under a Plan or Agreement		

NYS Workers' Compensation Board Customer Service: (877) 632-4996 www.wcb.ny.gov

	WESCO	INSURANCE COMPANY	
Absolut (Center for Nursing	g and Rehabilitation a	t Westfield LLC

New York State Disability Benefits

Disability Benefits For Employees

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 Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board.
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 - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
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WESCO INSURANCE COMPANY		
800 Plaza Two, 8th Floor		
Jersey City, New Jersey 07311-1104		
PHONE: (800) 535-2711	•	
Policy #: WDL10269714-009	Effective France 10/1/2016	To: 12/31/2020
Policy #. Madada 7 12 1 3 3	Effective From: 10/1/2016	10: 12/31/2020
Clebuters Dinder a Plan or Agreement		
☑ Statutory ☐ Under a Plan or Agreement		
Class(es) of Employees Covered:		
All Employees		
- 		

NYS Workers' Compensation Board Customer Service: (877) 632-4996 www.wcb.ny.gov



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/20/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Debbie Kinkead PRODUCER FAX (A/C, No): (865) 694-4847 TIS Insurance Services, Inc. PHONE (865) 691-4847 {A/C, No, Ext}; E-MAIL 1900 Winston Road, Suite 100 dkinkead@tisins.com ADDRESS: P.O. Box 10328 INSURER(S) AFFORDING COVERAGE NAIC # TN 37939-0328 20281 Knoxville Federal Insurance Co/Chubb INSURER A: INSURED INSURER B : Absolut Facilities Management, LLC INSURER C : 300 Gleed Avenue INSURER D : INSURER E : NY 14052 East Aurora INSURER F : 19-20 Crime COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDLISUBF POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO \$ OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY s UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** AGGREGATE CLAIMS-MADE RETENTION \$ OED WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

82234980

Certificate Holder is listed as Additional Notified Party

If yes, describe under DESCRIPTION OF OPERATIONS below

Crime Coverage

Employee Dishonesty

CERTIFICATI	E HULUEK		CANCELLATION
	United States Trustee United States Federal Build 201 Varick Street, Suite 1006	ling	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	201 Valick Street, State 1000		AUTHORIZED REPRESENTATIVE
[New York	NY 10014-4811	Elward Blin-

03/15/2019

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03/15/2020

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E,L, DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

Includes ERISA-401k

\$500,000

Additional Named Insureds			
Other Named Insureds			
02 Absolut Ctr for Nurs & Rehab at Aurora Park LLC	FEIN: 20-8468266		
03 Absolut Ctr for Nurs & Rehab at Orchard Park LLC	FEIN: 20-8468300		
04 Absolut Ctr for Nurs & Rehab at Three Rivers LLC	FEIN: 20-8468133		
05 Absolut Ctr for Nurs & Rehab at Westfield LLC	FEIN: 20-8467924		
06 Absolut Ctr for Nurs & Rehab at Allegany LLC	FEIN: 20-8467875		
07 Absolut Ctr for Nurs & Rehab at Gasport LLC	FEIN: 20-8468080		
08 Absolut at Orchard Brooke, LLC	FEIN: 20-8471641		

OFAPPINF (02/2007)

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Case 8-19-76269-ast Doc 24 Filed 10/21/19 Entered 10/21/19 20:00:50

Mattucci, Lisa

From: Hayli Dunn <hdunn@tisins.com> Sent:

Friday, September 20, 2019 11:39 AM

To: Mattucci, Lisa Cc: Hoffman, Phil

RE: Absolut Crime and Surety Bonds Subject:

Attachments: Absolut Facilities COI, PDF

Please see attached Crime certificate. I have submitted the request to be processed on the bonds, and documentation will be forwarded when possible.

Thank you,

Hayli Dunn

Account Manager HealthCare Services Division

TIS Insurance Services, Inc. 1900 N. Winston Road, Suite 100 Knoxville, TN 37919 Learn more at TISins.com

o: 865.470.3712 m: 423.465.1824

f: 865.824.3912

NOTICE. You cannot bind, after or cancel coverage without speaking to an subjorized representative of TIS Insurance Services, Inc. Coverage cannot to bound without written confirmation from an authorized representative of H8. This email and any files transmitted with it are not encrypted and may contain privileged or other confidential information and is intended solely for the use of the individual or entity to whom they are addressed. If you are not the intended recipient or entity, or believe that you may have received this email in error, please reply to the sender indicating that fact and delete the copy you received. In addition, you should not print, copy, retransmit. disseminate or otherwise use this information. Thank you,

From: Mattucci, Lisa <LISAM@billitco.com> Sent: Friday, September 20, 2019 8:11 AM

To: Hayli Dunn <hdunn@tisins.com>

Cc: Hoffman, Phil <phoffman@billitco.com> Subject: RE: Absolut Crime and Surety Bonds

United States Trustee United States Federal Building 201 Varick Street, Suite 1006 New York, NY 10014-4811

From: Hayli Dunn [mailto:hdunn@tisins.com] Sent: Friday, September 20, 2019 7:57 AM

To: Mattucci, Lisa Cc: Hoffman, Phil

Subject: RE: Absolut Crime and Surety Bonds

Do have an address for United States Trustee?

Thank you!

CONTINUATION CERTIFICATE

In consideration of the premium charged, The Ohio Casualty Insurance Co	ompany, as Surety,
hereby continues in force BOND NO. 4036475	
in the amount of Twenty Five Thousand	_ Dollars (<u>\$25,000.00</u>),
on behalf of Absolut Center for Nursing & Rehabilitation at Allegany, LI	.C as Principal,
in favor of New York State Department of Health	
as obligee, for the period BEGINNING <u>02/01/2019</u> and ENDING <u>02/01</u>	01/2020,
subject to all terms and conditions of said bond; PROVIDED that the liabil Company (Surety) shall not exceed in the aggregate the amount above w occurred during the term of said bond or during any continuation or cont the said term and partly during any continuation or continuations thereo	ritten, whether the loss shall have inuations thereof, or partly during
Signed and Sealed this 9th day of January , 2019	·
The Ohio Casualty Insurance Company (Surety)	
BY: Dam Coleman	
Attorney-In-Fact. Pam Coleman	

SURETY CORPORATE SEAL

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 8144682

business day.

EST on any

and 4:30 pm

Шe

00:6

between lidity

1-610-832-8240

of Attorney

Power

S)

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the

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Principal: Absolut Center for Nursing & Rehabilitation at

Liberty Mutual Insurance Company

Bond Number 4036475

Allegany, LLC

The Ohio Casually Insurance Company

West American Insurance Company

Obligee:

New York State Department of Health

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohlo Casually Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Pam Coleman; Amanda Loveday; Charles C. Martin; Tara W. Mealer; Nikki Norman; James F. Oakes; Lavonne Sherrod

each individually if there be more than one named, its true and lawful altorney-in-fact to make, execute, seal, acknowledge all of the city of Knoxville state of TN and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seats of the Companies have been affixed thereto this 3rd . day of . July 2018

10150

STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

The Ohio Casualty Insurance Company Liberty Mutual Insurance Company West American Insurance Company

David M. Carey, Assistant Secretary

On this 3rd day of July 2018, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notariál Séal Toresa Pastella, Notary Public Upper Merion Twp., Montgomery County My Commission Expires March 28, 2021

Member, Peonsylvania Association of Notaries

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12, Power of Allorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such Instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney in fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings, Any officer of the Company authorized for that purpose in writing by the chairman or the president; and subject to such limitations as the chairman or the president may presente, shall appoint such attorneys in fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seat of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Ljewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, frue and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th

day of January





Renee C. Lleweilvii, Assistant Secretary

CONTINUATION CERTIFICATE

In consideration of the premium charged, The Ohio Casualty	Insurance Company, as Surety,
hereby continues in force BOND NO. <u>4036469</u>	 _
in the amount of <u>One Hundred Forty Thousand</u>	Dollars (\$140,000.00),
on behalf of Absolut Center for Nursing & Rehabilitation at A	Aurora Park, LLC as Principal
in favor of New York State Department of Health	
as obligee, for the period BEGINNING <u>02/01/2019</u> and EN	NDING <u>02/01/2020</u> ,
subject to all terms and conditions of said bond; PROVIDED the Company (Surety) shall not exceed in the aggregate the amou occurred during the term of said bond or during any continuate the said term and partly during any continuation or continuate	unt above written, whether the loss shall have tion or continuations thereof, or partly during
Signed and Sealed this 9th day of January	<u>, 2019 </u> .
The Ohio Casualty Insurance Company (Surety)	
BY: Dam Coleman	-
Attorney-In-Fact, Pam Coleman	

SURETY CORPORATE SEAL

THIS POWER OF	ATTORNEY IS NO	T VALID UNLES	S IT IS PRINTED	ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Cerlificate No. 8144682

Principal: Absolut Center for Nursing

Liberty Mutual Insurance Company & Rehabilitation at Aurora

Bond Number 4036469

Park, LLC

The Ohio Casualty Insurance Company

West American Insurance Company

Obligee:

New York State Department of Health

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS; That The Ohjo Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Pam Coleman; Amanda Loveday; Charles C. Martin; Tara W. Mealer; Nikki Norman; James F. Oakes; Lavonne Sherrod

all of the city of Knoxville each individually if there be more than one named, its true and lawful altorney-in fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations. In pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and altested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 3rd 2018 day of July



STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

On this 3rd day of July 2018, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casually Company, and West American insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer,

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notarial Seal Teresa Pastella, Notary Public-Upper Marian Twp., Montgomery County My Commission Expires March 28, 2021

Member, Pennsylvania Association of Notaries

The Ohio Casualty Insurance Company Liberty Mutual Insurance Company West American Insurance Company

A fairly Long David M. Garey, Assistant Secretary

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12, Power of Attorney, Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys in-fact; as may be necessary to act in behalf of the Corporation to make; execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely obligations. Such attorneys-in-lagt, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings, Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys in fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys in fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Multual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by sald Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th day of January

any business day

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To confirm the 1-610-832-8240

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Attorney

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Power

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CONTINUATION CERTIFICATE

In consideration of the premium charged, The Ohio Casualty Insura	ance Company, as Surety,
hereby continues in force BOND NO. 4036476	
in the amount of <u>Thirty Thousand</u>	Dollars (<u>\$30,000.00</u>),
on behalf of Absolut Center for Nursing & Rehabilitation at Gasp	ort, LLC as Principal,
in favor of New York State Department of Health	
as obligee, for the period BEGINNING $02/01/2019$ and ENDING	3 <u>02/01/2020</u> ,
subject to all terms and conditions of said bond; PROVIDED that th Company (Surety) shall not exceed in the aggregate the amount al occurred during the term of said bond or during any continuation of the said term and partly during any continuation or continuations	oove written, whether the loss shall have or continuations thereof, or partly during
Signed and Sealed this <u>9th</u> day of <u>January</u> , <u>2</u>	<u>019</u> .
The Ohio Casualty Insurance Company (Surety)	
BY: Pam Coleman	
Attorney-In-Fact, Pam Coleman	

SURETY CORPORATE SEAL

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THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND. This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Certificate No. 8144682 Principal: Absolut Center for Nursing & Rehabilitation at Gasport,
The Ohio Casualty Insurance Company Liberty Mutual Insurance Company Bond Numbes 4036476 West American Insurance Company

Obligee:

New York State Department of Health

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohlo Casually Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Pam Coleman; Amanda Lovedäy; Charles C. Martin; Tara W. Mealer; Nikki Norman; James F. Oakes; Lavonne Sherrod

state of TN each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge all of the city of Knoxville and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed <u>, 2018</u> , thereto this 3rd __ day of __July



STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

, 2018, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance On this 3rd day of July Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notarial Seat Teresa Pastella, Notary Public Upper Medion Two., Montgomery County My Commission Expires March 28, 2021

Member Pennsylvania Association of Notarie

The Ohio Casualty Insurance Company Liberty Mutual Insurance Company

West American Insurance Company

David M. Carey, Assistant Secretary

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12. Power of Altomey, Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys in fact; as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings bonds, recognizances and other surety obligations. Such attorneys in fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seat of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey. Assistant Secretary to appoint such attorneys infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Liewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mulual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by sald Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th

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To confirm the 1-610-832-8240

CONTINUATION CERTIFICATE

In consideration of the premium charged, The Ohio Casualty I	nsurance Company, as Surety,
hereby continues in force BOND NO. 4036479	
in the amount of <u>Forty Five Thousand</u>	Dollars (<u>\$45,000.00</u>),
on behalf of Absolut Center for Nursing & Rehabilitation at t	Orchard Brooke, LLC as Principal,
in favor of New York State Department of Health	
as obligee, for the period BEGINNING 02/01/2019 and EN	IDING <u>02/01/2020</u>
subject to all terms and conditions of said bond; PROVIDED th Company (Surety) shall not exceed in the aggregate the amou occurred during the term of said bond or during any continuation the said term and partly during any continuation or continuat	nt above written, whether the loss shall have tion or continuations thereof, or partly during
Signed and Sealed this <u>9th</u> day of <u>January</u>	<u>, 2019 </u> .
The Ohio Casualty Insurance Company (Surety)	
BY: Pam Coleman	_
Attorney-In-Fact, Pam Coleman	

SURETY CORPORATE SEAL

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THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Principal: Absolut at Orchard Brooke,

Liberty Mutual Insurance Company

Certificate No. 8144682 Bond Numb 4036479

The Ohio Casually Insurance Company Liberly Mutual Insurance Company West American Insurance Company

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validity of between

To confirm the 1-610-832-8240

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The Ohio Casualty Insurance Company

West American Insurance Company

Obligee:

New York State Department of Health

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohlo Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set lorth, does hereby name, constitute and appoint, Pam Coleman; Amanda Loveday; Charles C. Martin; Tara W. Mealer; Nikki Norman; James F. Oakes; Lavonne Snerrod

_, state of TN all of the city of Knoxville each individually if there be more than one named, its true and lawful altorney in fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its set and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and altested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto lhis, 3rd 2018 _day of _July_



STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

day of July On this 3rd . 2018, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casually Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer,

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seet at King of Prussia, Pennsylvania, on the day and year first above written,



COMMONWEALTH OF PENNSYLVANIA

Notarial Scal Teresa Pastella, Notary Public Upper Marion Typ., Montgomery County My Commission Expires March 28, 2021

Member, Pennsylvania Association of Notarie

This Power of Attorney is made and executed pursuant to and by authority of the following By-taws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutuat Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows.

ARTICLE IV - OFFICERS - Section 12, Power of Attorney, Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as it signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings: Any officer of the Company authorized for that purpose in writing by the charman or the president. and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys in fact; as may be necessary to act in behalf of the Company to make, execute, seat, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such allomeys in-fact subject to the limitation's set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of altorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Otiko Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th

_day of _lanuary





Renee C. Llewellyn, Assistant Secretary

CONTINUATION CERTIFICATE

In consideration of the premium charged, The Ohio Casualty Insurance Company, as Surety,
hereby continues in force BOND NO. <u>4036468</u>
in the amount of <u>One Hundred Thousand</u> Dollars (\$100,000.00),
on behalf of <u>Absolut Center for Nursing & Rehabilitation at Orchard Park, LLC</u> as Principal
in favor of New York State Department of Health
as obligee, for the period BEGINNING <u>02/01/2019</u> and ENDING <u>02/01/2020</u> ,
subject to all terms and conditions of said bond; PROVIDED that the liability of The Ohio Casualty Insurance Company (Surety) shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during the said term and partly during any continuation or continuations thereof.
Signed and Sealed this <u>9th</u> day of <u>January</u> , <u>2019</u> .
The Ohio Casualty Insurance Company (Surety)
BY: Coleman
Attorney-In-Fact, Pam Coleman

SURETY CORPORATE SEAL

guarantees

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Cerlificate No. 8144682

Principal: Absolut Center for Nursing

Liberty Mutual Insurance Company

Bond Numb 4036468

The Ohio Casualty Insurance Company Liberty Mutual Insurance Company

West American Insurance Company

David M. Carey, Assistant Secretary

& Rehabilitation at Orchard
The Ohio Casually Insurance Company

West American Insurance Company

Obligee:

New York State Department of Health

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohlo Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Pam Coleman; Amanda Loveday; Charles C. Martin; Tara W. Mealer; Nikki Norman; James F. Oakes; Lavonne Sherrod

each individually if there he more than one named, its true and lawful attorney in-fact to make, execute, seal, acknowledge state of TN all of the city of Knoxville and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizences and other surety obligations. In pursuance of these presents and shall be as binding upon the Companies as if they have been duty signed by the president and attested by the secretary of the Companies at their own proper persons.

IN WITNESS WHEREOF, this Power of Allomey has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed __ day of __<u>July</u> 2018 thereto this 3rd



STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

On this 3rd day of July Company, The Ohio Casually Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notarial Seal Teresa Pastella, Notary Public Upper Merion Twp., Montgomery County My Commission Expires March 28, 2021

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12, Power of Attorney, Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such altorneys in fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all underlakings, bonds, recognizances and other surety obligations. Such altomosys-in-fact subject to the limitations set forth in their respective powers of altomey, shall have full power to bind the Company by their signalure and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as it signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys in fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surety

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney Issued by the Company in connection with gurety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I. Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by sold Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th

day of January





Renee C. Llewellyn, Assistant Secretary

business day

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confirm the 10-832-8240

CONTINUATION CERTIFICATE

In consideration of the premium charged, The Uni	io Casualty Insurance Company, as Surety,
hereby continues in force BOND NO. 4036470	
in the amount of <u>Thirty Thousand</u>	Dollars (\$30,000.00),
on behalf of <u>Absolut Center for Nursing & Rehab</u>	pilitation at Three Rivers, LLC as Princip
in favor of <u>New York State Department of He</u> alth	n
as obligee, for the period BEGINNING <u>02/01/201</u>	<u>9</u> and ENDING <u>02/01/2020</u> ,
Company (Surety) shall not exceed in the aggrega	PROVIDED that the liability of The Ohio Casualty Insurance ate the amount above written, whether the loss shall have any continuation or continuations thereof, or partly during or continuations thereof.
Signed and Sealed this <u>9th</u> day of <u>Janua</u>	ary , 2019 .
The Ohio Casualty Insurance Company (Surety)	
BY: Dom Coleman	
Attorney-In-Fact, Pam Col	eman

SURETY CORPORATE SEAL

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND. This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Principal: Absolut Center for Nursing

Liberty Mutual Insurance Company

Certificate No. 8144682 Bond Numb 4036470

business day

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& Rehabilitation at Three Rivers, LLC

The Ohio Casually Insurance Company

West American Insurance Company

Obligee:

New York State Department of Health

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS; That The Ohlo Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Pam Coleman; Amanda Loveday; Charles C. Martin; Tara W. Mealer; Nikki Norman; James F. Oakes; Lavonne Snerrod

_ state of TN each individually if there be more than one named, its true and lawful attorney in fact to make, execute, seal, acknowledge all of the city of Knoxville and deliver, for and on its behalf as surely and as its act and deed, any and all undertakings, bonds, recognizences and other surely obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporale seals of the Companies have been affixed thereto this 3rd day of July 2018



STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

On this 3rd _day of _July 2018, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notarial Scal Teresa Pastella, Notary Public-Upper Marion Two., Montgomery County My Commission Expires March 28, 2021 dember, Pennsylvania Association of Notaties Teresa Pastella, Notary Public

The Ohio Casualty Insurance Company Liberty Mutual Insurance Company

West American Insurance Company

David M. Carey, Assistant Secretary

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mulual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12, Power of Altorney, Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shalf appoint such attorneys in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seat, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely obligations. Such afterneys in fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5 Surety Bonds and Undertakings, Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact; as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of altomey, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certried copy of any power of attorney Issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a fulf, true and correct copy of the Power of Altorney executed by sald Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th



CONTINUATION CERTIFICATE

In consideration of the premium charged, The Ohio Casualty Insura	ance Company, as Surety,
hereby continues in force BOND NO. 4036471	
in the amount of Thirty Thousand	Dollars (\$30,000.00),
on behalf of Absolut Center for Nursing & Rehabilitation at West	<u>field, LLC</u> as Principal
in favor of New York State Department of Health	
as obligee, for the period BEGINNING 02/01/2019 and ENDING	G <u>02/01/2020</u> ,
subject to all terms and conditions of said bond; PROVIDED that the Company (Surety) shall not exceed in the aggregate the amount aboccurred during the term of said bond or during any continuation of the said term and partly during any continuation or continuations to	oove written, whether the loss shall have or continuations thereof, or partly during
Signed and Sealed this 9th day of January , 20	<u>019</u> .
The Ohio Casualty Insurance Company (Surety)	
BY: Coleman	
Attorney-In-Fact, Pam Coleman	

SURETY CORPORATE SEAL

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Principal: Absolut Center for Nursing

Liberty Mutual Insurance Company & Rehabilitation at

Certificate No. 8144682

business day

am and 4:30 pm EST on any

g

of Attorney

Power

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confirm the validity of 10-832-8240 between

15

9:00

Bond Number 4036471

The Ohio Casualty Insurance Company Liberty Mutual Insurance Company

West American Insurance Company

David M. Carey, Assistant Secretary

Westfield, LLC

The Ohio Casualty Insurance Company

West American Insurance Company

Obligee:

New York State Department of Health

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Pam Coleman; Amanda Loveday; Charles C. Martin; Tara W. Mealer; Nikki Norman; James F. Oakes; Lavonne Sherrod

state of TN each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge all of the city of Knoxville and deliver, for and on its behalf as surety and as its set and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 3rd _day of _July



STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

On this 3rd day of July _, <u>2018</u>, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so lo do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notarial Scal Teresa Pastella, Notary Public Upper Merion Twp., Montgomery County My Commission Expires March 28, 2021

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12, Power of Attorney, Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys in-fact, as may be necessary to act in behall of the Comparation to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely obligations. Such afterneys in fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings, Any officer of the Company authorized for that purpose in writing by the chairman or the president. and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys in facil subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys in fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney Issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Otio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, live and correct copy of the Power of Attorney executed by sald Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunlo set my hand and affixed the seals of said Companies this 9th

day of January





Renee C. Llewellyn, Assistant Secretary

48 of 100

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Inc.

718-333-1155

1815 65th Street Brooklyn, NY 11204

An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK

Vehicle and Traffic Law to:

ABSOLUT; FACILITIES **MANAGEMENT 300 GLEED AVENUE** EAST AURORA NY 14052 Policy Number

CAP1554288

Effective Date **Expiration Date**

08/01/2019

03/01/2020 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle

2016

FORD Make

Year

1FDEE3FL2GDC19048 Vehicle Identification Number

Seats

12

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FH-1

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

154 GREAT AMERICAN INS CO

718-333-1155

Name & Address of Issuer Grandview Brokerage Inc. 1815 65th Street

Brooklyn, NY 11204

An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

> ABSOLUT; FACILITIES MANAGEMENT **300 GLEED AVENUE EAST AURORA NY 14052**

Policy Number CAP1554288

Effective Date

08/01/2019

12:01 a.m.

03/01/2020 12:01 a.m.

Expiration Date

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2016 Year

FORD

1FDEE3FL2GDC19048

Vehicle Identification Number

12 Seats THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

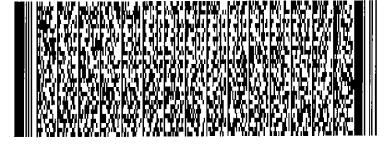
The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FH-1

FAX: Scanable Bar Code



- The entire page must be faxed.
- 2. If submitted to DMV, either the entire page or the second ID card and large scanable bar code will be retained
- 3. A faxed ID card must be replaced with a scanable ID card within 14 days of the effective date.
- 4. DMV will not accept a faxed ID card without a scanable barcode

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

154 GREAT AMERICAN INSURANCE COMPANY

Name & Address of Issuer Great American Insurance, 301 E. 4th Street, Cincinnati, OH 45202

An authorized NEW YORK insurer carlifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Trafile Law to:

ABSOLUT; FACILITIES MANAGEMENT; LLC 300 GLEED AVE

EAST AURORA, NY 14052

Policy Number CAP1554288

Effective Date 03/01/2019 12:01 a.m.

Expiration Date 03/01/2020 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2017 FORD 15
Year Make Seats
1FDVU4XG8HKA03107
Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND WARNING: Any person who Issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an IO card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

154 GREAT AMERICAN INSURANCE COMPANY

Name & Address of Issuer Great American Insurance, 301 E. 4th Street, Cincinnati, OH 45202

An authorized NEW YORK Insurer cartilias that it has issued a liability policy complying with Section 370 of the NEW YORK Vohicle and Traffic Law to:

ABSOLUT;FACILITIES MANAGEMENT;LLC 300 GLEED AVE EAST AURORA, NY 14052 Policy Number CAP1554288

Effective Date 03/01/2019 12:01 a.m.

Expiration Date 03/01/2020 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2017 FORD 15
Year Make Seats
1FDVU4XG9HKA03107
Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND WARNING: Any person who Issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor, in addition, a person who presents an ID card if insurance

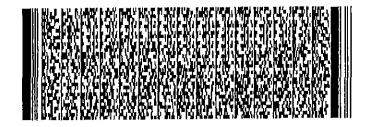
is not in effect may be committing a misdemeanor. The name of the registrant and the name of the insured must

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1



FAX: Scanable Bar Code



FAX INSTRUCTIONS:

- 1. The entire page must be faxed.
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- A faxed ID card must be replaced with a scanable ID card within 14 days of the effective date.
- DMV will not accept a faxed ID card without a spanable bar code.

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMPANY 154

Name & Address of Issuer Great American Insurance. 301 E. 4th Street, Cincinnati, OH 45202

An authorized NEW YORK insurer certitles that it has issued a trability policy complying with Section 370 of the NEW YORK Valicle and Traffic Law to

ABSOLUT; FACILITIES MANAGEMENT; LLC 300 GLEED AVE EAST AURORA, KY 14052 Policy Number

CAP1554288

Effective Date 03/01/2019 12:01 a.m.

Expiration Date 03/01/2020 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effocievo date.)

Applicable with respect to the following Motor Vehicle:

2017 FORD Year Make Seats 1FDVU4XG3HKA03104 Vehicle Identification Number is not in effect may be committing a misdemeanor, The name of the registrant and the name of the insured must

coincide.

THIS ID CARD MUST BE CARRIED

IN THE INSURED VEHICLE FOR

PRODUCTION UPON DEMAND

WARNING: Any person who Issues or produces an ID card

knowing that an Owner's Policy

be committing a misdemeanor, in addition, a person who

presents an ID card if Insurance

of insurance is not in effect may

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1



NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMPANY 154

Name & Address of Issuer Great American Insurance, 301 E. 4th Stroot, Cincinnati, OH 45202

An authorized NEW YORK Insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

ABSOLUT; FACILITIES MANAGEMENT; LLC 300 GLEED AVE EAST AURORA, KY 14052

Policy Number CAP1554288

Effective Date

03/01/2010 12:01 a.m.

03/01/2020 12:01 a,m. (Not acceptable to obtain registration after 45 days from effective date.)

Expiration Date

Applicable with respect to the following Motor Vehicle:

2017 FORD 15 Year Make Seats 1FDVU4XG3HKA03104

Vehicle (dentification Number

IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND WARNING: Any person who lesues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

THIS ID CARD MUST BE CARRIED

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1



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NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMPANY 154

Name & Address of Issuer Great American Insurance, 301 E, 4th Street, Cincinnati, OH 45202

An authorized NEW YORK Insurer certifles that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

ABSOLUT: FACILITIES MANAGEMENT: LLC 300 GLEED AVE EAST AURORA, NY 14052 Pallay Number CAP1554288

Effective Date 03/01/2019 12:01 a.m.

Expiration Date 03/01/2020 12:01 a.m.

(No) acceptable to obtain registration after 45 days from effective date)

Applicable with respect to the following Motor Vehicle:

2017 FORD 15 Seals Year Make 1FDVII4XG1HKA03103 Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. in addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the Insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMPANY

Name & Address of Issuer Great American Insurance, 301 E. 4th Street, Cincinnati, OH 45202

An authorized NEW YORK Insurer certifies that it has Issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Low to:

ABSOLUT; FACILITIES MANAGEMENT; LLC 300 GLEED AVE EAST AURORA, NY 14052

Policy Number CAP1554288

Effective Date 03/01/2019 12:01 a.m.

Expiration Date 03/01/2020 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vahicle:

> 2017 FORD 15 Make Seats Year 1FDVU4XG1HKA03103 Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card If Insurance is not in effect may be committing a misdemeanor.

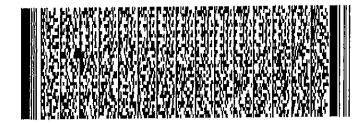
The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1



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NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

154 GREAT AMERICAN INSURANCE COMPANY

Name & Address of Issuer Great American Insurance, 301 E. 4th Street, Cincinnati, OH 45202

An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vahicle and Traffic Low to:

ABSOLUT; FACILITIES Management; LLC 300 Gleed Ave

EAST AURORA, NY 14052

Policy Number

CAP1554288

Effective Date 03/01/2019

12;01 a.m.

(Not acceptable to obtain registration effective date.)

Expiration Date

03/01/2020

12:01 a.m.

Applicable with respect to the following Motor Vehicle:

2016 FORD 12 Year Make Seats 1FDEE3FL2GDC16277

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the Insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1



NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

154 GREAT AMERICAN INSURANCE COMPANY

Name & Address of Issuer Great American Insurance, 301 E. 4th Street, Cincinnati, OH 45202

An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

ABSOLUT; FACILITIES MANAGEMENT; LLC 300 GLEED AVE

EAST AURORA, NY 14052

Policy Number

CAP1554288 Effective Date

03/01/2019

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12:01 a.m.

03/01/2020 12:01 a.m.

Expiration Date

(Not acceptable to obtain registration efter 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2016 FORD 12 Year Make Seats

1FDEE3FL2GDC16277

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a miedemeanor. In addition, a person who presents an ID card If insurance is not in effect may be committing a misdemeanor.

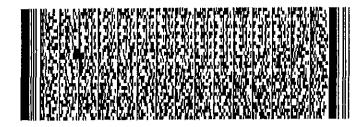
The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1



FAX: Scanable Bar Code



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NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

154 GREAT AMERICAN INSURANCE COMPANY

Name & Address of Issuer Great American Insurance, 301 E. 4th Street, Cincinnati, OH 45202

An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

ABSOLUT;FACILITIES MANAGEMENT;LLC 300 GLEED AVE

EAST AURORA, NY 14052

Policy Number

CAP1554288

Effective Date 03/01/2019 12:01 a.m.

12:01 a.m.

12

Expiration Date

03/01/2020

(Not accoplable to obtain registration after 45 days from effective date)

Applicable with respect to the following Motor Vohicle:

2016 FORD

Year Make Seats

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND WARNING: Any person who Issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if Insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

154 GREAT AMERICAN INSURANCE COMPANY

Name & Address of Issuer Great American Insurance, 301 E. 4th Street, Cincinnati, OH 45202

An authorized NEW YORK Insurer certilins that it has issued a liability poticy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

ABSOLUT; FACILITIES
MANAGEMENT; LLC
300 GLEED AVE
EAST AURORA, NY 14052

Policy Number

CAP1554288

Effective Date 03/01/2019 12:01 a.m. Expiration Date 03/01/2020 12:01 a,m.

(Not acceptable to obtain registration eiter 45 days from effective data.)

Applicable with respect to the following Motor Vehicle:

2016 FORD 12
Year Mako Seats
1FDEE3FL0GDC19047

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND WARNING: Any person who Issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be cumulting a misdemeanor.

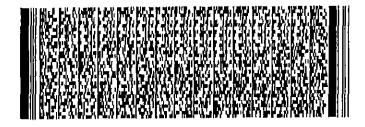
The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

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INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMP

Name & Address of Issum GRANDVIEW BROKERAGE CORP

1815-66TH STREET

BROOKLYN, NY 11204

An authorized NEW YORK insurer certilles that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

> **ABSOLUT; FACILITIES** MANAGEMENT **300 GLEED AVENUE EAST AURORA NY 14052**

Policy Number

CAP1554288 Effective Date

03/01/2019

03/01/2020 12:01 a.m.

Expiration Date

12;01 a,m.

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vohicle:

2016 Year

FORD Make

1FDEE3FLXGDC19041 Vehicle Identification Number

12 Seats

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. in addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide,

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMP

Name & Address of Issuer **GRANDVIEW BROKERAGE CORP**

1815-65TH STREET

BROOKLYN, NY 11204
An authorized NEW YORK Insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vabilde and Traffic Line. Vehicle and Traffic Law to:

> ABSOLUT; FACILITIES MANAGEMENT 300 GLEED AVENUE **EAST AURORA NY 14052**

Policy Number CAP156428B

Effective Date

03/01/2019 12:01 a.m.

03/01/2020 12:01 a m

Expiration Date

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2016

FORD Make

1FDEE3FLXGDC19041

Vehicle identification Number

12 Seals

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

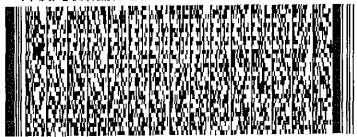
WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor, In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

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INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMP

Name & Address of lander GRANDVIEW BROKERAGE CORP 1816-66TH STREET

BROOKLYN, NY 11204 An authorized NEW YORK Insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Troffic Law to:

> ABSOLUT; FACILITIES MANAGEMENT **300 GLEED AVENUE** EAST AURORA NY 14052

Policy Number

CAP1554288

Effective Date 03/01/2019

Expiration Date 03/01/2020

12;01 a,m,

12:01 a.m. (Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2016

FORD Make

1FDEE3FL1GDC19039 Vehicle identification Number

Seals

12

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the Insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMP

Name & Address of Issuer **GRANDVIEW BROKERAGE CORP**

1815-65TH STREET

BROOKLYN, NY 11204 An authorized NEW YORK Insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

> ABSOLUT; FACILITIES MANAGEMENT 300 GLEED AVENUE EAST AURORA NY 14052

Policy Number CAP1554288

Effective Date

03/01/2019

12:01 a.m.

12:01 a.m. (Not acceptable to obtain registration

after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle: FORD 2016

1FDEE3FL1GDC19039

Vehicle Identification Number

12 Seats

Expiration Date

03/01/2020

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

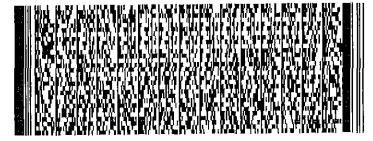
WARNING; Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in offect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide,

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

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INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMP

Name & Address of Issuer GRANDVIEW BROKERAGE CORP **1815-65TH STREET**

BROOKLYN, NY 11204 An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

> ABSOLUT; FACILITIES MANAGEMENT **300 GLEED AVENUE** EAST AURORA NY 14052

Policy Number CAP1554288

Effective Date

03/01/2019

Expiration Date 03/01/2020

12;01 a.m,

12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vehicle:

2008

CHEVY Make

Year

1GBDV13W08D131124 Vehicle Identification Number

Seals

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who Issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMP

Name & Address of Issuer

GRANDVIEW BROKERAGE CORP 1815-65TH STREET

BROOKLYN, NY 11204
An authorized NEW YORK Insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

> ABSOLUT: FACILITIES MANAGEMENT **300 GLEED AVENUE EAST AURORA NY 14052**

Policy Number

CAP1554288

Effective Date **Expiration Date** 03/01/2019 03/01/2020

12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle-

2008 Year

CHEVY Make

1GBDV13W08D131124

Vehicle Identification Number

6 Seats THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

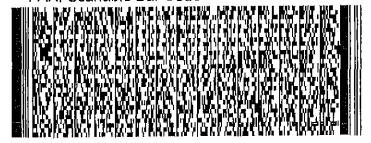
WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

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INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMP

Name & Address of Issuer

GRANDVIEW BROKERAGE CORP 1815-65TH STREET

BROOKLYN, NY 11204
An authorized NEW YORK Insurer certifies that it has Issued
a flability policy complying with Section 370 of the NEW YORK
Vehicle and Traffic Law to:

ABSOLUT; FACILITIES -MANAGEMENT **300 GLEED AVENUE EAST AURORA NY 14062** Policy Number

CAP1554288

Effective Date 03/01/2019

Expiration Date 03/01/2020

12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date,)

Applicable with respect to the following Motor Vehicle:

2008

__FORD Make

Year

1FD3E35L38DA04997 Vehicle Identification Number

12 Seels effect may be committing a misdemeanor.

In addition, a person who presents

an ID card if insurance is not in

THIS ID CARD MUST BE CARRIED

IN THE INSURED VEHICLE FOR

WARNING: Any person who issues

or produces an ID card knowing that

an Owner's Policy of Insurance is not in

effect may be committing a misdemeanor.

PRODUCTION UPON DEMAND

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMP

Name & Address of Issuer

GRANDVIEW BROKERAGE CORP 1815-65TH STREET

BROOKLYN, NY 11204 An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

> ABSOLUT; FACILITIES MANAGEMENT **300 GLEED AVENUE EAST AURORA NY 14052**

Policy Number

CAP1554288

Effective Date Expiration Date 03/01/2020 03/01/2019

12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective dete.)

Applicable with respect to the following Motor Vehicle:

2008_

<u>FORD</u> Make

Year

1FD3E35L38DA04997

Vehicle Identification Number

12 Seals THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

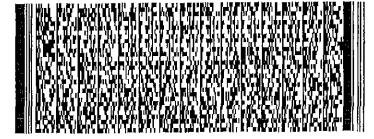
WARNING: Any person who Issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. in addition, a person who presents an ID card if Insurance is not in effect may be committing a misdemeanor,

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

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154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp 1815 65th Street Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

ABSOLUT; FACILITIES MANAGEMENT 300 GLEED AVE **AURORA NY 14052**

Policy Number

CAP 3878262-12 Effective Date

08/09/2019

Expiration Date 08/09/2020

12:01 a.m. 12:01 a.m

(Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vehicle:

2015 Year

TOYOT Make

JTDKN3DUXF0454600

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

NEW YORK STATE INSURANCE IDENTIFICATION CARD

154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp

1815 65th Street Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

> ABSOLUT; FACILITIES **MANAGEMENT** 300 GLEED AVE **AURORA NY 14052**

Policy Number CAP 3878262-12

Effective Date 08/09/2019

08/09/2020

Expiration Date

12:01 a.m. 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vehicle:

2015 Year

TOYOT

Make

JTDKN3DUXF0454600

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

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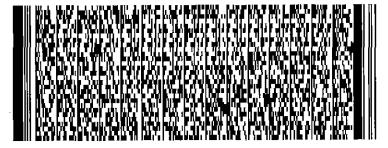
The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



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154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp 1815 65th Street Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

ABSOLUT; FACILITIES MANAGEMENT 300 GLEED AVE **AURORA NY 14052**

Policy Number CAP 3878262-12

Effective Date

08/09/2019

Expiration Date 08/09/2020

12;01 a.m. 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vehicle:

2016 Year

TOYOT

Make JTDKBRFU1G3510285

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

NEW YORK STATE INSURANCE IDENTIFICATION CARD

154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp

1815 65th Street Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

ABSOLUT; FACILITIES MANAGEMENT 300 GLEED AVE **AURORA NY 14052**

Policy Number CAP 3878262-12

Effective Date

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Expiration Date

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2016 Year

TOYOT Make

JTDKBRFU1G3510285

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

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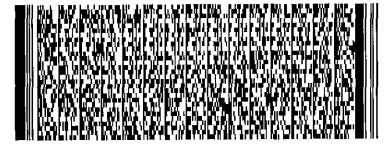
The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE. CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



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154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp 1815 65th Street Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

> **ABSOLUT; FACILITIES** MANAGEMENT 300 GLEED AVE **AURORA NY 14052**

Policy Number CAP 3878262-12

Effective Date

08/09/2019

Expiration Date 08/09/2020

12:01 a.m. 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vehicle:

2017 Year

NISSA

Make

5N1DR2MM2HC612156

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

NEW YORK STATE INSURANCE IDENTIFICATION CARD

154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp

1815 65th Street Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

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2017 Year NISSA

Make

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Vehicle Identification Number

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WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

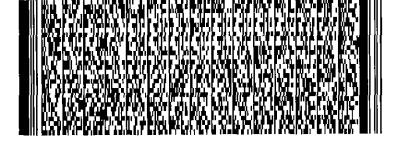
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REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



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154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp. 1815 65th Street Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

> **ABSOLUT; FACILITIES** MANAGEMENT 300 GLEED AVE **AURORA NY 14052**

Policy Number CAP 3878262-12

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2017 Year

NISSA

Make

KNMAT2MV9HP572975

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

NEW YORK STATE INSURANCE IDENTIFICATION CARD

154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp 1815 65th Street

Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

> **ABSOLUT; FACILITIES** MANAGEMENT 300 GLEED AVE **AURORA NY 14052**

Policy Number CAP 3878262-12

Effective Date 08/09/2019

12:01 a.m.

12:01 a.m. (Not acceptable to obtain registration

Expiration Date

08/09/2020

after 45 days from effective date.) Applicable with respect to the following Motor Vehicle:

2017 Year **NISSA** Make

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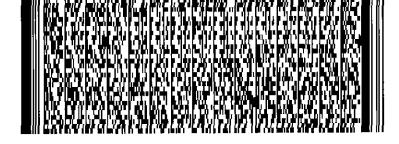
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FS-20

FAX: Scanable Bar Code



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12:01 a.m. 12:01 a.m.

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Applicable with respect to the following Motor Vehicle:

2017 Year TOYOT Make

JTDKBRFU4H3576007

Vehicle Identification Number

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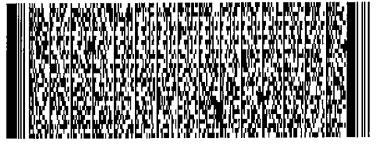
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2017

TOYOT

Year

Make

JTDKBRFU3H3026166

Vehicle Identification Number

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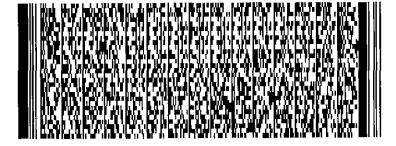
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08/09/2020

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2015 Year

TOYOT Make

JTDKN3DU4F0456620

Vehicle Identification Number

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Applicable with respect to the following Motor Vehicle:

2017 Year TOYOT

Year Make
JTDKBRFU5H3039114

Vehicle Identification Number

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2018 Year TOYOT Make

JTDKDTB36J1620126

Vehicle Identification Number

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2019 Year

CHEVR Make

1GNERFKW9KJ218832

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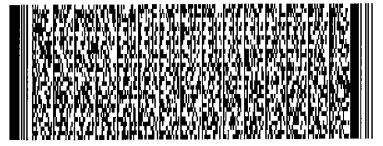
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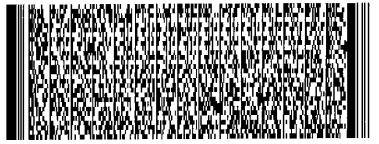
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BKOHN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

!	ils certificate does not comer rights i	.o me	ren	incate noider in hed of st)·				
	DUCER				CONTA NAME:	СТ					
	ndview Brokerage Corp 5-65th Street				PHONE (A/C, N	o, Ext): (718) 3	333-1155	FAX (A/C, No):			
	oklyn, NY 11204				E-MAIL ADDRE	SS:					
							SURER(S) AFFO	RDING COVERAGE	NAIC#		
					INSURF			demnity INC	35181		
INSL	IRED				INSURE						
	Absolut Facilities Managem	onf			INSURE						
	300 Gleed Avenue	GIIL			INSURE						
	East Aurora, NY 14052-2983	1			-			· ·	1		
					INSURE						
	VEDACES CES		- A TF		INSURE	NT:		DEVICION NUMBER:			
				E NUMBER:		EEN ICCUED	TO THE DIGHT	REVISION NUMBER:	OLIOV PEDIOD		
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL	O WHICH THIS		
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY				i	<u>,(20411111)</u>		EACH OCCURRENCE \$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
								MED EXP (Any one person) \$			
	CENT ACCRECATE LIMIT ADDITION DED	İ									
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC										
								PRODUCTS - COMP/OP AGG \$			
	OTHER:							COMBINED SINGLE LIMIT			
	AUTOMOBILE LIABILITY							(Ea accident) \$			
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person) \$			
								BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
	HIRED AUTOS ONLY AUTOS ONLY		i					PROPERTY DAMAGE (Per accident) \$			
								\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE	i						AGGREGATE \$			
	DED RETENTION\$	ļ					,	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				i			PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						`	E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
Α	Directors & Officers			8243-6187		8/24/2019	8/24/2020	Limit	1,000,000		
)ES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	i 9 101, Additional Remarks Schedul	ie, may b	e atlached if mor	e space Is requir	red)			
CEI	RTIFICATE HOLDER				CANCELLATION						
	Absolut Facilities Manageme	ent, L	.LC		THE	EXPIRATION	DATE TH	ESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE D Y PROVISIONS.			
	East Aurora, NY 14052				AUTHOR	RIZED REPRESE	NTATIVE				

ACORD 25 (2016/03)

ACORD'

ABSOFAC-01

<u>BKOHN</u>

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

	SUBROGATION IS WAIVED, subject to s certificate does not confer rights to the			such enc	lorsement(s		require an endorsemen	it. As	tatement on			
PROD				CONTA NAME:								
	dview Brokerage Corp			PHONE (A/C, No	, _{Ext):} (718) 3	333-1155	FAX (A/C, No):					
	-65th Street klyn, NY 11204			E-MAIL ADDRE	SS;	~						
	•					SURER(S) AFFO	RDING COVERAGE		NAIC #			
				INSURE			demnity INC		35181			
INSUF	RFD			INSURE								
	Absolut Center for Nursing and	d Reha	abilitation at Allegany,	INSURE								
	LLC											
	2178 North Fifth Street			INSURE								
	Allegany, NY 14706			INSURE								
				INSURE	RF:							
	· ·		E NUMBER:				REVISION NUMBER:					
INI	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REQ RTIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH POI	UIREM ERTAIN LICIES	IENT, TERM OR CONDITIC I, THE INSURANCE AFFOR I. LIMITS SHOWN MAY HAVI	ON OF A	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE JED HEREIN IS SUBJECT T	ECT TO	WHICH THIS			
INSR LTR	TYPE OF INSURANCE INS	DL SUBS	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$				
f	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$				
ŀ							MED EXP (Any one person)	\$				
	<u> </u>						PERSONAL & ADV INJURY	\$				
	GEN'L AGGREGATE LIMIT APPLIES PER:				:		GENERAL AGGREGATE	\$				
-	POLICY PRO LOC						PRODUCTS - COMP/OP AGG	ŝ				
ŀ							PRODUCTS - COMPJOP AGG					
-	OTHER:						COMBINED SINGLE LIMIT	\$				
-	AUTOMOBILE LIABILITY						(Ea accident)	\$				
H	ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)	\$				
-	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$				
-	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	.\$				
								\$				
	UMBRELLA LIAB OCCUR			İ			EACH OCCURRENCE	.\$				
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$				
	DED RETENTION\$		<u></u>					\$				
1	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$				
ĺ	ANY PROPRIETOR/PARTNER/EXECUTIVE N/ OFFICER/MEMBER EXCLUDED?	A					E.L. DISEASE - EA EMPLOYEE	\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$				
	Directors & Officers		8243-6125		8/24/2019	8/24/2020	Limit	,	1,000,00			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACOR	D 101, Additional Remarks Sched	lule, may bo	altached if mor	e space is requir	red)					
CER	TIFICATE HOLDER			CANCELLATION								
	Absolut Center for Nursing and	l Reha	bilitation at Allegany,	THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.					
	2178 North Fifth Street Allegany, NY 14706			AUTHOR	RIZED REPRESE	NTATIVE						
	₩ ₩/**** * ***				and let							
				J. 1714	The World	አበተብሊባ ትላይ						

ACORD 25 (2016/03)



BKOHN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/10/2019 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). Grandview Brokerage Corp PHONE (A/C, No, Ext): (718) 333-1155 1815-65th Street Brooklyn, NY 11204 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Executive Risk Indemnity INC 35181 INSURED INSURER B : Absolut Center for Nursing and Rehabilitation at Aurora Park, INSURER C: INSURER D: 292 Main Street East Aurora, NY 14052 INSURER E : INSURER F: REVISION NUMBER: COVERAGES **CERTIFICATE NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR INSD WVD INSR LTR POLICY NUMBER TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 1 PRO: POLICY PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE CLAIMS-MADE **FXCESS LIAB** AGGREGATE DED RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandalory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 1.000.000 8/24/2019 8/24/2020 8243-6134 Directors & Officers Limit DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Absolut Center for Nursing and Rehabilitation at Aurora Park, 292 Main Street

ACORD 25 (2016/03)

East Aurora, NY 14052

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AUTHORIZED REPRESENTATIVE



BKOHN

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

9/10/2019

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ACORD 25 (2016/03)

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ABSOFAC-01

BKOHN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/10/2019

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BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

this certificate does not confer rights to t	he cert	ificate holder in lieu of su)	<u> </u>		
PRODUCER			CONTAC	CT				
Grandview Brokerage Corp				, Ext): (718)	333-1155	FAX (A/C, No):		
1815-65th Street			E-MAIL ADDRES	, EXI). (1 10)		(Mo, No).		
Brooklyn, NY 11204			ADDRES					7
						RDING COVERAGE		NAIC#
			INSURE	RA:Execut	ive Risk Inc	lemnity INC		35181
INSURED		;	INSURE	RB:				
Absolut at Orchard Brooke LL	3		INSURE	RC:				
6060 Armor Road			INSURE	RD:				
Orchard Park, NY 14127			INSURE	RE:				
			INSURE	RF:				
COVERAGES CERTII	ICATE	NUMBER:	•			REVISION NUMBER:		•
THIS IS TO CERTIFY THAT THE POLICIES			HAVF BI	EEN ISSUED			HE PO	LICY PERIOD
INDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH PO	UIREM ERTAIN, LICIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORN LIMITS SHOWN MAY HAVE	n of a DED by	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	ECT TO	WHICH THIS
INSR TYPE OF INSURANCE INS	DL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
COMMERCIAL GENERAL LIABILITY	1,110				,, = 2, , , , , , , , , , , , , , , , , ,	EACH OCCURRENCE	\$	
CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	
						MED EXP (Any one person)	. 9	
						PERSONAL & ADV INJURY	\$	
CENT ACCRECATE LIMIT APPLIES DED.						GENERAL AGGREGATE	\$	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC								
						PRODUCTS - COMP/OP AGG	\$	
OTHER:						COMBINED SINGLE LIMIT	\$	
AUTOMOBILE LIABILITY						(Ea accident)	\$	
ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY AUTOS AUTOS			!			BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			ĺ			PROPERTY DAMAGE (Per accident)	\$	
							\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
DED RETENTION\$							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)						E.L. EACH ACCIDENT	\$	
(Mandatory In NH)	^					E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A Directors & Officers		8243-6118		8/24/2019	8/24/2020	Limit		1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORE	i) 101, Additional Remarks Schedu	le, may be	allached If mor	re space ls requir	ed)		
	•					_		
CERTIFICATE HOLDER			CANC	ELLATION				
Absolut at Orchard Brooke LLC 6060 Armor Road Orchard Park, NY 14127	;		THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL I Y PROVISIONS.		
Oronard Forty III 17122			AUTHOR	RIZED REPRESE	NTATIVE			
			lus.	had let	waret			

ACORD 25 (2016/03)



<u>BKOHN</u>

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	SURA	NCE	DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO BETWEEN	OVERAGE AFF THE ISSUING I	ORDED NSURER	BY TH (S), AU	E POLICIES JTHORIZED
IMPORTANT: If the certificate holds If SUBROGATION IS WAIVED, subjethis certificate does not confer rights	ct to	the	terms and conditions of	the po ch end	licy, certain lorsement(s)	policies may				
PRODUCER				CONTAC NAME:				Lenv		
Grandview Brokerage Corp 1815-65th Street				PHONE (A/C, No	_{, Ext):} (718) 3	333-1155		FAX (A/C, No):		
Brooklyn, NY 11204				É-MAIL ADDRES						T
							RDING COVERAGE			NAIC #
INSURED						ve Risk ind	demnity INC			35181
Absolut Center for Nursing	and F	Rehal	bilitation at Orchard	INSURE						
Park LLC			i	INSURE						
6060 Armor Road Drive Orchard Park, NY 14127				INSURE						
				INSURE						
COVERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUI	MBER:		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUI PER POLIC	REMI TAIN, CIES,	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	ny contra 7 The Polic Reduced by	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT		\$	
CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	nuteuce)	\$	
<u> </u>							MED EXP (Any one		\$	
OTHER ADDRESS OF THE							PERSONAL & ADV		\$	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC							GENERAL AGGRES PRODUCTS - COM		\$	
OTHER:							PRODUCTA - COM	F/OF AGG	\$	<u> </u>
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	E LIMIT	\$	
ANY AUTO							BODILY INJURY (P	er person)	\$	
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (P		\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA((Per accident)	3E	\$	_
									\$	
UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	_
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	-
DED RETENTION\$							PER STATUTE	OTH- ER	\$	
AND EMPLOYERS' LIABILITY							E.L. EACH ACCIDE			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		` <u> </u>	_
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	i	<u> </u>	_
A Directors & Officers			8243-6172		8/24/2019	8/24/2020			•	1,000,000
					,					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE) 101, Additional Remarks Schedu	le, may be	attached if mor	e space is requir	red)			
OFFICIOATE HOLDER			<u> </u>	CANC	ELLATION					
Absolut Center for Nursing	and R	lehal	bilitation at Orchard Park	SHO THE	ULD ANY OF	N DATE TH	ESCRIBED POLIC EREOF, NOTICI CY PROVISIONS.			
6060 Armor Road				ADVICE	DIZED DEDDEST	NTATIVE				
Orchard Park, NY 14127				AU I HO	RIZED REPRESE	NIAIIVE				

ACORD 25 (2016/03)



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PHONE (A/C, No, Ext): (718) 333-1155 Grandview Brokerage Corp FAX (A/C, No): 1815-65th Street Brooklyn, NY 11204 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Executive Risk Indemnity INC 35181 INSURFO INSURER B: **Absolut Facilities Management** INSURER C: 300 Gleed Avenue INSURER D : East Aurora, NY 14052-2983 INSURER E : INSURER F : **COVERAGES CERTIFICATE NUMBER:** REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR JNSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ JECT POLICY PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandalory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYER f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Directors & Officers 8243-6180 8/24/2019 8/24/2020 1,000,000 Limit DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Absolut Center for Nursing and Rehabilitation at Three Rivers LLC 101 Creekside Drive AUTHORIZED REPRESENTATIVE Painted Post, NY 14870 method behaviored

ACORD 25 (2016/03)



BKOHN

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

9/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). Grandview Brokerage Corp PHONE (A/C, No, Ext): (718) 333-1155 1815-65th Street Brooklyn, NY 11204 INSURER(S) AFFORDING COVERAGE NAIC# 35181 INSURER A : Executive Risk Indemnity INC INSURED INSURER B: Absolut Center for Nursing and Rehabilitation at Westfield, INSURER C: 26 Cass Street INSURER D : Westfield, NY 14787 INSURER E : INSURER F : COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSR LTR POLICY NUMBER LIMITS TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-POLICY PRODUCTS - COMP/OP AGG S COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYER f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 1,000,000 8/24/2020 Directors & Officers 8243-6185 8/24/2019 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Absolut Center for Nursing and Rehabilitation at Westfield, LLC 26 Cass Street AUTHORIZED REPRESENTATIVE Westfield, NY 14787

ACORD 25 (2016/03)

From: Ed Sims [ESIMS@tisins.com] Sent: Friday, October 11, 2019 11:40 AM

To: Hoffman, Phil

Cc: Hayli Dunn; Ed Sims

Subject: Absolut Facilities Management, LLC

Phil,

We have received your request to provide a certificate of insurance for Crime Policy # 82234980, along with the completed Attachment B, indicating United States Trustee as Additional Notified Party. We have submitted this request to our Crime insurance carrier and have received the following response.

Additional Notified Party is not a pre-existing form that can be endorsed to the Crime policy. This request will need to be submitted to Federal Insurance Company / Chubb's in house legal department for review, which could take approximately two weeks. We have requested our carrier to begin this process and will advise of their decision as soon as possible.

Regarding the Patient Trust Bonds, Liberty Mutual has advised that they do not believe this request is applicable to surety bonds. However, the request is currently being reviewed to see if this is something they can provide. We will advise of their decision upon receipt.

We are working to do all that we can to comply with this request, and will hopefully have an answer to you soon.

Thank you,

Edward B. Sims, CIC

Chief Executive Officer

TIS Insurance Services, Inc. 1900 N. Winston Road, Suite 100 Knoxville, TN 37919 Learn more at TISins.com

o: 865.470.3710 m: 865.567.3288

f: 865.824.3910

NOTICE: You cannot bind, alter or cancel coverage without speaking to an authorized representative of TIS Insurance Services, Inc. Coverage cannot be bound without written confirmation from an authorized representative of TIS. This email and any files transmitted with it are not encrypted and may contain privileged or other confidential information and is intended solely for the use of the individual or entity to whom they are addressed. If you are not the intended recipient or entity, or believe that you may have received this email in error, please reply to the sender indicating that fact and delete the copy you received. In addition, you should not print, copy, retransmit, disseminate, or otherwise use this information. Thank you.



October 21, 2019

To whom it may concern:

We are in the process of converting accounts enumerated in the September 11, 2019 notice for Absolute Facilities Management LLC, et al #19-76260 to "Debtor in Posession".

TITLE	NUMBER	TIN
ABSOLUT AT ALLEGANY LLC		208467875
ABSOLUT AT AURORA PARK LL		208468266
ABSOLUT AT GASPORT LLC		208468080
ABSOLUT AT GASPORT, LLC		208468080
ABSOLUT AT GASPORT, LLC		208468080
ABSOLUT AT ORCHARD PARK L		208468300
ABSOLUT AT THREE RIVERS L		208468133
ABSOLUT AT THREE RIVERS L		208468133
ABSOLUT AT THREE RIVERS L		208468133
ABSOLUT AT WESTFIELD LLC		208467924
ABSOLUT FACILITIES MANAGE		208471412
ABSOLUT FACILITIES MANAGE		208471412
ABSOLUT FACILITIES MANAGE		208471412
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ABSOLUT FACILITIES MANAGE		208471412
ABSOLUT FACILITIES MANAGE		208471412
ABSOLUT FACILITIES MANAGE		208471412

Our Account Services area has an anticipated completion date of end of business October 25, 2019.

Sincerely.

Michael J. Wald

Banking Officer | Senior Relationship Liaison

One Fountain Plaza 12th Floor

Buffalo, NY 14203

716-848-7354 mwald@mtb.com

In re	Absolut Facilities Management, LLC, et al.	Case No.	19-76260 (AST) (Jointly Administered)
	Debtor		
	CASH FLOW PROJECTIONS FOR THE 12 MONTH PERIOD:		through

This schedule must be filed with the Court and a copy submitted to the United States Trustee within 20 days after the order for relief. Amended cash flow projections should be submitted as necessary.

	14 (1	1.4.4	N. d	3.6 .1	3.43		1.4 .1	<u> </u>	1 ,			1	or
	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Total
Cash Beginning of Month													
RECEIPTS													
CASH SALES													
ACCOUNTS RECEIVABLE													
LOANS AND ADVANCES													
SALE OF ASSETS													
OTHER (ATTACH LIST)													
TOTAL RECEIPTS		·											
DISBURSEMENTS													
NET PAYROLL	 					I							
PAYROLL TAXES										,			
SALES, USE, AND OTHER TAXES													
INVENTORY PURCHASES													
SECURED/ RENTAL/ LEASES													
INSURANCE													
ADMINISTRATIVE & SELLING													
OTHER (ATTACH LIST)													
PROFESSIONAL FEES								1					
U.S. TRUSTEE FEES													
COURT COSTS													
TOTAL DISBURSEMENTS													***************************************
NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)													
				y anivini.									
Cash End of Month													

See attached forms.

Absolut Facilities Management Cash Projection - Consolidated														
Week Ended:	1 <u>10/18/19</u>	2 <u>10/25/19</u>	3 <u>11/01/19</u>	4 11/08/19	5 <u>11/15/19</u>	6 <u>11/22/19</u>	7 <u>11/29/19</u>	8 <u>12/06/19</u>	9 <u>12/13/19</u>	10 <u>12/20/19</u>	11 <u>12/27/19</u>	12 <u>01/03/20</u>	13 <u>01/10/20</u>	10/18/19 - 01/10/20 TOTAL
Opening Cash Balance	\$ 1,870,730	\$ 1,432,724	\$ 1,867,779	\$ 1,662,381	\$ 899,251	\$ 57,744	\$ 334,223	\$ 837,553	\$ 52,201	\$ 57,589	\$ 58,069	\$ 265,812	\$ 59,100	\$ 1,870,730
Anticipated D P Funding	-	-	-	-	(720,000)	(99,000)	-	520,000	270,000	(510,000)	(280,000)	1,140,000	290,000	611,000
Receipts														
Medicare	\$ 54.424	\$ 509,324	\$ -	\$ -	\$ 54,424 \$	5 -	\$ 454.900	\$ -	\$ 54,424	\$ -	\$ 454.900	\$ -	\$ 54.424	1,636,820
Medicaid	518,819	395,273	183,502	341,288	378,788	378,788	283,688	358,616	378,788	378,788	317,488	358,616	378,788	4,651,230
Insurance, Self Pay	764,854	1,058,628	1,036,278	718,860	946,841	1,058,644	1,009,578	739,032	894,680	1,058,644	925,778	689,032	860,680	11,761,527
Miscellaneous	(119 548)	(147 238)	(25 000)	-	-	-	-	-	-	-	-	-	-	(291 786)
Total Receipts	1,218,549	1,815,987	1,194,780	1,060,148	1,380,053	1,437,432	1,748,166	1,097,648	1,327,892	1,437,432	1,698,166	1,047,648	1,293,892	17,757,791
Disbursements														
Payroll/ Taxes	809,262	691,535	697,759	703,982	710,205	716,429	716,429	716,429	716,429	716,429	716,429	716,429	716,429	9,344,178
Insurance	95,221	091,333	93,005	108,020	7 10,203	7 10,429	93,005	108,020	7 10,429	7 10,429	93,005	108,020	7 10,429	698,296
Pharmacy	28,301	28,301	28,301	28,301	28,301	28,301	28,301	28,301	28,301	28,301	28,301	28,301	28,301	367,913
Utilities	72,968	20,301	20,301	20,301	72,968	20,301	20,301	20,301	55,468	20,301	20,301	20,301	72,331	273,735
Food	31,520	31,520	31,520	31,520	31,520	31,520	31,520	31,520	31,520	31,520	31,520	31,520	31,520	409,760
	36,358	36,358	36,358	36,358	36,358	36,358	36,358	36.358	36.358	36.358	36,358	36,358	36,358	472.654
Supplies Vendors					,		,	,	,	,	,	,	,	
	111,413	111,413	111,413	111,413	111,413	111,413	111,413	111,413	111,413	111,413	111,413	111,413	111,413	1,448,369
Assessment (paid monthly - 15th)	202,904	-	123,968	-	246,643 98.636	-	98.636	-	238,863 98.636	-	98.636	-	238,863	927,273
Back Office Support - Payroll	123,968	- 0.740		- 0.740	,	-	1	-	,	-	,	-	98,636	741,118
Back Office Support-Rent/Phone/Con Svc/Other	19,639	3,710	19,639	3,710	15,515	2,931	15,515	2,931	15,515	2,931	15,515	2,931	15,515	135,999
Rent	-	300,000	-	799,974	-	-	-	799,974	-	-	-	799,974	-	2,699,922
Medical Claims Funding	125,000	-	-	-	125,000	-	-	-	125,000	-	-	-	125,000	500,000
Capital Lease on AP Renovation	4 050 555	4 000 007	79,245	4 000 070	- 4 470 500	-	79,245			-	79,245	-	- 4 474 007	237,736
Total Operating Disbursements	1,656,555	1,202,837	1,221,209	1,823,278	1,476,560	926,952	1,210,423	1,834,946	1,457,504	926,952	1,210,423	1,834,946	1,474,367	18,256,954
Operating Cash Flow	(438,006)	613,150	(26,429)	(763,130)	(96,507)	510,480	537,743	(737,298)	(129,612)	510,480	487,743	(787,298)	(180,475)	(499,163)
Utility Deposit - All Buildings	_	61.000	_	_	_	_	_	_	_	_	_	_	_	61,000
First day Relief	_	81,095	_	_	_	_	_	_	_	_	_	_		81,095
Debtor	_	-	_	_	_	_	_	439,000	_	_	_	400,000	_	839,000
Ombudsman	_	_	_	_	_	_	_	50,000	_	_	_	50,000	_	100,000
Lender	_	_	135,000	_	_	135,000	_	-	110,000	_	_	-	110,000	490,000
UCC	_	_	-	_	_	-	_	75,000		_	_	75,000		150,000
Chapter 11 Fees	_	36,000	_	_	_	_	_	-	_	_	_		_	36,000
Adequate Protection	_	-	34,413				34,413	_	_	_	_	34,413		103,240
DIP Interest & Fees	_	_	9,555	_	25,000	_	-	4,053	25,000	_	_	-	_	63,608
5.1 miorest a 1 555			0,000		20,000			1,000	20,000					-
Total Restructuring Disbursements	-	178,095	178,968	-	25,000	135,000	34,413	568,053	135,000	-	-	559,413	110,000	1,923,943
Cash Flow	(438,006)	435,055	(205,397)	(763,130)	(121,507)	375,480	503,330	(1,305,351)	(264,612)	510,480	487,743	(1,346,712)	(290,475)	(2,423,106)
Beginning Cash Balance	\$ 1,870,730	¢ 1./32.72/	\$ 1,867,779	\$ 1,662,381	\$ 899,251	57,744	\$ 334,223	\$ 837,553	\$ 52,201	\$ 57,589	\$ 58,069	\$ 265,812	\$ 59,100	\$ 1,870,730
Cash Flow	(438,006)	435,055	(205,397)	(763,130)	(121,507)	375,480	503,330	(1,305,351)	(264,612)	510,480	487,743	(1,346,712)	(290,475)	
Borrowing / (Repayment)	(430,000)	430,000	(200,397)	(103, 130)	(720,000)	(99,000)	505,550	520,000	(204,612)	(510,480	(280,000)	1,140,000	290,475)	611,000
Ending Cash Balance	\$ 1.432.724	\$ 1.867.770	\$ 1,662,381	\$ 899,251	\$ 57,744		\$ 837,553		\$ 57,589		\$ 265,812		\$ 58,625	
Linding Cash Dalance	φ 1,432,724	ψ 1,001,119	ψ 1,002,301	ψ 099,201	ψ 31,144 (ψ JJ+,∠∠J	ψ 001,000	Ψ JZ,ZUI	Ψ 31,309 (Ψ 30,009	Ψ 200,012	ψ 55,100	ψ 50,025	Ψ 30,023
			•											

\$ 1,140,000

Cash Projection - Aurora Park														
	1	2	3	4	5	6	7	8	9	10	11	12	13	
	10/11/19	10/18/19	10/25/19	11/1/19	<u>11/8/19</u>	<u>11/15/19</u>	11/22/19	11/29/19	12/6/19	12/13/19	12/20/19	12/27/19	1/3/20	TOTAL
Incoming Cash:														
Medicare	\$ -	\$ 28.000	\$ 160,000	\$ -	\$ -	\$ 28,000	\$ -	\$ 132,000	\$ -	\$ 28,000	\$ -	\$ 132,000	\$ -	\$ 508,000
Medicaid	192,290	195,629	151,484	106,902	203,788	241,288	241,288	156,488	241,383	241,288	241,288	190,288	241,383	2,644,787
Insurance, Self Pay	115,308	487,370	478,916	360,126	211,598	537,215	496,557	373,926	211,503	537,215	496,557	340,126	211,503	4,857,916
Miscellaneous	-	-	-	-		-	-	-		-	-	-		-
	307,598	710,999	790,400	467,028	415,386	806,503	737,845	662,414	452,886	806,503	737,845	662,414	452,886	8,010,703
Outrains Cook														
Outgoing Cash:	226 244	220 027	226.260	242 404	240 707	254.020	361.154	201 151	201 151	201 454	201 151	361.154	201 454	4 570 707
Payroll/ Taxes	336,211	330,037	336,260	342,484	348,707	354,930	301,134	361,154	361,154	361,154	361,154	, -	361,154	4,576,707
Insurances	71,512	44.045	-	44.045	71,512	44.045	44.045	44.045	71,512	44.045	44.045	44.045	71,512	286,048
pharmacy utilities	14,015	14,015	14,015	14,015	14,015	14,015	14,015	14,015	14,015	14,015	14,015	14,015	14,015	182,195
	14.005	27,368	44.005	44.005	44.005	27,368	44.005	44.005	44.005	27,368	44.005	44.005	44.005	82,104
food	14,085	14,085	14,085	14,085	14,085	14,085	14,085	14,085	14,085	14,085	14,085	14,085	14,085	183,105
supplies Vendors	15,561	15,561	15,561	15,561	15,561	15,561	15,561	15,561	15,561	15,561	15,561	15,561	15,561	202,293
	48,976	48,976	48,976	48,976	48,976	48,976	48,976	48,976	48,976	48,976	48,976	48,976	48,976	636,688
Assessment (paid monthly - 15th)	-	70,667	-	40 400	=	113,863	-	40.400	-	113,863	-	-	-	298,393
Back Office Support - Payroll	4 004	40,130	4 004	40,130	4 224	40,130	1 224	40,130	4 004	40,130	1 224	40,130	1 224	240,781
Back Office Support-Rent/Phone/Con Svc/O	1,234	6,533	1,234	6,533	1,234	6,533	1,234	6,533	1,234	6,533	1,234	6,533	1,234	47,836
Rent	-	-	-	70.045	382,744	-	-	70.245	382,744	-	-	- 79,245	382,744	1,148,232
Capital Lease on AP Renovation	501,594	567,372	430,131	79,245 561,029	896,834	635,461	455,025	79,245 579,699	909,281	641,685	455,025	79,245 579,699	909,281	237,736 8,122,118
:	301,394	301,312	430, 131	301,029	090,034	033,401	433,023	379,099	303,201	041,000	433,023	37 3,033	909,201	0,122,110
Weekly Excess/(Shortfall) Cash	(193,996)	143,627	360,269	(94,002)	(481,448)	171,042	282,820	82,714	(456,395)	164,818	282,820	82,714	(456,395)	(111,414)
Cumulative Excess/(Shortfall) Cash	(193,996)	(50,369)	309,899	215,898	(265,551)	(94,509)	188,311	271,025	(185,371)	(20,553)	262,267	344,981	(111,414)	

Cash Projection - Orchard Park														
	1	2	3	4	5	6	7	8	9	10	11	12	13	
Week of:	<u>10/11/19</u>	<u>10/18/19</u>	10/25/19	<u>11/01/19</u>	<u>11/08/19</u>	<u>11/15/19</u>	<u>11/22/19</u>	11/29/19	12/06/19	<u>12/13/19</u>	12/20/19	12/27/19	01/03/20	TOTAL
Incoming Cash:														
Medicare	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid	75,533	43,548	90,238	25,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	378,319
Insurance, Self Pay	31,281	76,000	57,000	-	-	-	-	-	-	-	-	-	-	164,281
Miscellaneous	(96,133)	(119,548)	(147, 238)	(25,000)	-	-	-	-	-	-	-	-	-	(387,919)
-	10,681	-	-	-	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	154,681
Outgoing Cash:														
Payroll/ Taxes	107,894	123,950	_	_	_	_	_	_	_	_	_	_	_	231,844
Insurances	44,244	-	_	_	44,244	_	_	_	44,244	_	_	_	44,244	176,976
pharmacy	-	_	_	_	-	-	-	_	-	_	_	_	-	-
utilities	_	17,500	=	-	-	17,500	-	-	-	-	-	_	-	35,000
food	_	´-	=	-	-	-	-	-	-	-	-	_	-	-
supplies	_	-	-	_	-	-	-	-	-	-	-	-	-	-
Vendors	18,675	-	-	-	-	-	-	-	-	-	-	-	-	18,675
Assessment (paid monthly - 15th)	_	48,904	-	-	-	7,780	-	_	-	-	_	-	-	56,684
Back Office Support - Payroll	-	25,332	-	25,332	-	-	-	-	-	-	-	-	-	50,664
Back Office Support-Rent/Phone/Con Svc/O	779	4,124	779	4,124	779	-	-	-	-	-	-	-	-	10,585
Rent				-				-	-	-		-	-	-
	171,592	219,810	779	29,456	45,023	25,280	-	-	44,244	-	-	-	44,244	580,428
Weekly Excess/(Shortfall) Cash	(160,911)	(219,810)	(779)	(29,456)	(29,023)	(9,280)	16,000	16,000	(28,244)	16,000	16,000	16,000	(28,244)	(425,746)
Cumulative Excess/(Shortfall) Cash	(160,911)	(380,721)	(381,500)	(410,956)	(439,978)	(449,258)	(433,258)	(417,258)	(445,502)	(429,502)	(413,502)	(397,502)	(425,746)	

Cash Projection - Three Rivers														
	1	2	3	4	5	6	7	8	9	10	11	12	13	
	10/11/19	10/18/19	10/25/19	11/01/19	11/08/19	11/15/19	11/22/19	11/29/19	12/06/19	12/13/19	12/20/19	12/27/19	01/03/20	TOTAL
Incoming Cash:														
Medicare	\$ -	\$ 12,100	\$ 168,000	\$ -	\$ -	\$ 12.100	\$ -	\$ 155.900	\$ -	\$ 12.100	\$ -	\$ 155,900	\$ -	\$ 516,100
Medicaid	52,270	102,897	51,293	15,000	42,000	42,000	42,000	27,000	33,139	42,000	42,000	27,000	33,139	551,738
Insurance, Self Pay	203,099	39,598	4,621	240,599	213,369	100,495	106,914	147,699	222,230	100,495	106,914	147,699	222,230	1,855,963
Miscellaneous		-				-	-			-	-		-	-
Missingrissus	255,369	154,595	223,914	255,599	255,369	154,595	148,914	330,599	255,369	154,595	148,914	330,599	255,369	2,923,801
Outgoing Cash:														
Payroll/ Taxes	111,381	111,381	111,381	111,381	111,381	111,381	111,381	111,381	111,381	111,381	111,381	111,381	111,381	1,447,953
Insurances	25,838	111,501	111,501	111,301	25,838	111,501	111,501	111,301	25,838	111,501	111,501	111,301	25,838	103,352
pharmacy	4,762	4,762	4,762	4,762	4,762	4,762	4,762	4,762	4,762	4,762	4,762	4,762	4,762	61,906
utilities	4,702	8,108	4,702	4,702	4,702	8,108	4,702	4,702	4,702	8,108	4,702	4,702	4,702	24,324
food	4,854	4,854	4,854	4,854	4,854	4,854	4.854	4.854	4,854	4,854	4,854	4,854	4,854	63,102
supplies	7,004	7,004	7,004	7,004	7,004	7,004	7,004	7,004	7,004	7,004	7,004	7,004	7,004	91,052
Vendors	14,644	14,644	14,644	14,644	14,644	14,644	14,644	14,644	14,644	14,644	14,644	14,644	14,644	190,372
Assessment (paid monthly - 15th)	14,044	28,667	14,044	14,044	14,044	43,000	14,044	14,044	14,044	43,000	14,044	14,044	14,044	114,667
Back Office Support - Payroll	_	15,049	_	15,049	_	15,049	_	15,049	_	15,049	_	15,049	_	90,292
Back Office Support-Rent/Phone/Con Svc/Otl		2,450	463	2,450	463	2,450	463	2,450	463	2,450	463	2,450	463	17,939
Rent	100	2,100	100	2, 100	161,513	2, 100	100	2,100	161,513	2, 100	100	2, 100	161,513	484,539
Tone	168,946	196,918	143,108	160,144	330,459	211,252	143,108	160,144	330,459	211,252	143,108	160,144	330,459	2,689,498
Washin France ((Chamfall) Cook	00.400	(40.000)	00.000	05.450	(7E 000\)	(EC CEC)	F 000	170 150	(7E 000)	(EC CEC)	F 000	170 450	(7E 000)	224 202
Weekly Excess/(Shortfall) Cash	86,423	(42,323)	80,806	95,456	(75,090)	(56,656)	5,806	170,456	(75,090)	(56,656)	5,806	170,456	(75,090)	234,303
Cumulative Excess/(Shortfall) Cash	86,423	44,101	124,906	220,362	145,272	88,616	94,422	264,877	189,788	133,132	138,937	309,393	234,303	

Cash Projection - Westfield														
	1	2	3	4	5	6	7	8	9	10	11	12	13	
	<u>10/11/19</u>	<u>10/18/19</u>	<u>10/25/19</u>	<u>11/01/19</u>	<u>11/08/19</u>	<u>11/15/19</u>	11/22/19	<u>11/29/19</u>	<u>12/06/19</u>	<u>12/13/19</u>	<u>12/20/19</u>	<u>12/27/19</u>	01/03/20	TOTAL
Incoming Cash:														
Medicare	\$ -	\$ 10,100	\$ 103,600	\$ -	\$ -	\$ 10,100	\$ -	\$ 93,500	\$ -	\$ 10,100	\$ -	\$ 93,500	\$ -	\$ 320,900
Medicaid	34,103	32,893	52,425	20,000	43,000	43,000	43,000	45,000	39,769	43,000	43,000	45,000	39,769	523,959
Insurance, Self Pay	45,767	44,261	336,862	187,467	36,870	34,154	256,387	262,467	40,101	34,154	256,387	262,467	40,101	1,837,450
Miscellaneous	-	-	-	-	-	-	-	-	· -	-	-	-	-	-
	79,870	87,254	492,887	207,467	79,870	87,254	299,387	400,967	79,870	87,254	299,387	400,967	79,870	2,682,309
Outgoing Cash:														
Payroll/ Taxes	99,809	99,809	99,809	99,809	99,809	99,809	99,809	99,809	99,809	99,809	99,809	99,809	99,809	1,297,517
Insurances	23,350	,	,	,	23,350	,	,	,	23,350	,	,	,	23,350	93,400
pharmacy	4,762	4,762	4,762	4,762	4,762	4,762	4,762	4.762	4,762	4,762	4,762	4,762	4,762	61,906
utilities	.,. 02	5,956	.,. 02	.,. 02	.,. 02	5,956	.,. 02	.,. 02	.,. 02	5,956	.,. 02	.,. 02	.,. 02	17,868
food	4,777	4,777	4,777	4,777	4,777	4,777	4.777	4.777	4.777	4,777	4,777	4,777	4,777	62,101
supplies	5,431	5,431	5.431	5,431	5,431	5,431	5,431	5,431	5,431	5,431	5,431	5.431	5,431	70,603
Vendors	16,208	16,208	16,208	16,208	16,208	16,208	16,208	16,208	16,208	16,208	16,208	16,208	16,208	210,704
Assessment (paid monthly - 15th)	-	26,667	,	,	10,200	40,000	10,200	,	,	40,000	10,200	,	,	106,667
Back Office Support - Payroll	_	15,049	_	15,049	_	15,049	_	15,049	_	15,049	_	15,049	_	90,292
Back Office Support-Rent/Phone/Con Svc/O	463	2,450	463	2,450	463	2,450	463	2,450	463	2,450	463	2,450	463	17,939
Rent		,		_	88,483	,		-	88,483	,		,	88,483	265,449
	154,800	181,108	131,450	148,486	243,283	194,442	131,450	148,486	243,283	194,442	131,450	148,486	243,283	2,294,446
Weekly Excess/(Shortfall) Cash	(74,930)	(93,854)	361,438	58,982	(163,413)	(107,187)	167,938	252,482	(163,413)	(107,187)	167,938	252,482	(163,413)	387,863
Cumulative Excess/(Shortfall) Cash	(74,930)	(168,783)	192,654	251,636	88,224	(18,963)	148,974	401,456	238,044	130,856	298,794	551,276	387,863	

Cash Projection - Allegany														
	1	2	3	4	5	6	7	8	9	10	11	12	13	
	10/11/19	10/18/19	10/25/19	11/01/19	11/08/19	<u>11/15/19</u>	11/22/19	11/29/19	12/06/19	12/13/19	12/20/19	12/27/19	01/03/20	TOTAL
Incoming Cash:														
Medicare		\$ 700	\$ 49,200			\$ 700		\$ 48,500		\$ 700		\$ 48,500		\$ 148,300
Medicaid	8,047	58,188	10,990	1,600	8,500	8,500	8,500	7,200	6,422	8,500	8,500	7,200	6,422	148,569
Insurance, Self Pay	10,487	20,563	56,653	55,857	10,034	70,251	59,843	50,257	12,112	70,251	59,843	50,257	12,112	538,523
Miscellaneous	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>-</u>	18,534	79,451	116,843	57,457	18,534	79,451	68,343	105,957	18,534	79,451	68,343	105,957	18,534	835,392
Outroling Ocella														
Outgoing Cash:	07.000	07.000	07.000	07.000	07.000	07.000	07.000	07.000	07.000	07.000	07.000	07.000	07.000	404 700
Payroll/ Taxes	37,830	37,830	37,830	37,830	37,830	37,830	37,830	37,830	37,830	37,830	37,830	37,830	37,830	491,790
Insurances	7,964				7,964				7,964				7,964	31,856
pharmacy	1,468	1,468	1,468	1,468	1,468	1,468	1,468	1,468	1,468	1,468	1,468	1,468	1,468	19,084
utilities		2,892				2,892				2,892				8,676
food	1,613	1,613	1,613	1,613	1,613	1,613	1,613	1,613	1,613	1,613	1,613	1,613	1,613	20,969
supplies	1,853	1,853	1,853	1,853	1,853	1,853	1,853	1,853	1,853	1,853	1,853	1,853	1,853	24,089
Vendors	5,920	5,920	5,920	5,920	5,920	5,920	5,920	5,920	5,920	5,920	5,920	5,920	5,920	76,960
Assessment (paid monthly - 15th)		9,333				14,000				14,000				37,333
Back Office Support - Payroll	0	4,640	0	4,640	0	4,640	0	4,640	0	4,640	0	4,640	0	27,841
Back Office Support-Rent/Phone/Con Svc/O	143	755	143	755	143	755	143	755	143	755	143	755	143	5,531
Rent				0	47,196			0	47,196				47,196	141,588
- -	56,791	66,305	48,827	54,080	103,987	70,972	48,827	54,080	103,987	70,972	48,827	54,080	103,987	885,717
_														
Weekly Excess/(Shortfall) Cash	(38,256)	13,147	68,016	3,377	(85,452)	8,480	19,516	51,877	(85,452)	8,480	19,516	51,877	(85,452)	(50,325)
Cumulative Excess/(Shortfall) Cash	(38,256)	(25,110)	42,907	46,284	(39,168)	(30,688)	(11,172)	40,706	(44,747)	(36,267)	(16,750)	35,127	(50,325)	

Cash Projection - Gasport														
	1	2	3	4	5	6	7	8	9	10	11	12	13	
	<u>10/11/19</u>	<u>10/18/19</u>	<u>10/25/19</u>	<u>11/01/19</u>	11/08/19	<u>11/15/19</u>	11/22/19	<u>11/29/19</u>	<u>12/06/19</u>	<u>12/13/19</u>	12/20/19	<u>12/27/19</u>	01/03/20	TOTAL
Incoming Cash:														
Medicare		\$ 3,524	\$ 28,524			\$ 3,524		\$ 25,000		\$ 3,524		\$ 25,000		\$ 89,096
Medicaid	66,966	85,664	38,843	15,000	28,000	28,000	28,000	32,000	21,903	28,000	28,000	32,000	21,903	454,279
Insurance, Self Pay	70,466	82,864	95,427	121,757	109,432	140,528	109,794	104,757	115,529	140,528	109,794	104,757	115,529	1,421,160
Miscellaneous	0	0	0	0	0	0	0	0	0	0	0	0	0	-
- -	137,432	172,052	162,794	136,757	137,432	172,052	137,794	161,757	137,432	172,052	137,794	161,757	137,432	1,964,535
Outgoing Cash:														
Payroll/ Taxes	82,132	82,132	82,132	82,132	82,132	82,132	82,132	82,132	82,132	82,132	82,132	82,132	82,132	1,067,716
Insurances	17,489	,	,	,	17,489	,	,	,	17,489	,	,	0_,.0_	17,489	69,956
pharmacy	3,294	3,294	3,294	3,294	3,294	3,294	3,294	3,294	3,294	3,294	3,294	3,294	3,294	42,822
utilities	,	5,616	,	,	,	5,616	,	,	,	5,616	,	,	,	16,848
food	3,172	3,172	3,172	3,172	3,172	3,172	3,172	3,172	3,172	3,172	3,172	3,172	3,172	41,236
supplies	3,528	3,528	3,528	3,528	3,528	3,528	3,528	3,528	3,528	3,528	3,528	3,528	3,528	45,864
Vendors	15,227	15,227	15,227	15,227	15,227	15,227	15,227	15,227	15,227	15,227	15,227	15,227	15,227	197,951
Assessment (paid monthly - 15th)	0	18,667				28,000				28,000				74,667
Back Office Support - Payroll	0	12,103	0	12,103	0	12,103	0	12,103	0	12,103	0	12,103	0	72,618
Back Office Support-Rent/Phone/Con Svc/O	320	1,694	320	1,694	320	1,694	320	1,694	320	1,694	320	1,694	320	12,407
Rent				0	46,208			0	46,208				46,208	138,624
=	125,162	145,433	107,673	121,150	171,370	154,766	107,673	121,150	171,370	154,766	107,673	121,150	171,370	1,780,708
Weekly Excess/(Shortfall) Cash	12,270	26,619	55,121	15,606	(33,938)	17,286	30,121	40,606	(33,938)	17,286	30,121	40,606	(33,938)	183,827
Cumulative Excess/(Shortfall) Cash	12,270	38,889	94,010	109,616	75,678	92,963	123,084	163,691	129,752	147,038	177,159	217,765	183,827	